FOR STATE TO DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund interior. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refaired for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME-5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION STATE DEPARTMENT OF HEALTH
DIVISION STREET, BALTIMORE 1, MARYLAND 15
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

٠	i. PLACE OF DEATH	2. USUAL RESIDENCE (Whare decaasad lived, If institution:	Rasidence befora admission)
	Allegany Maryland	Maryland Alleg	anv
Ì	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
1	write RURAL and give neerest town) Frestburg	X Lonaconing	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
H	Miners Hespital	Ement Citment	YES NO
-	3. NAME OF First Middle	Front Street Last 4. DATE Month	Day Yaar
4	DECEASED (Type or print) TANCOS	OF DEATH O 40 470	19
Jŀ	JAMES He ALE	XANDER 9/6/1961 DATE OF BIRTH 9, AGE (In years) IF UNDER	
4		last birthday) Months	Days Hours Min.
-		2/17/1903 58 yrs. 12. CIT	TIZEN OF WHAT COUNTRY?
	dona during most of working life, even if retirad)	11. DIKTHIFLACE (State or foreign country)	IZEN OF WHAT COUNTRY
-	Celanese Corp.Cumberland, MD.	Gilmore , Md. U	.S.A
4	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	John Alexander	Anna Brimlew	
	Yas, no. or unkown) ((fyasqiyawarordatasofsarvica)	INFORMANT Address	
		rs. Althea Mundeno/Lonacon	ing, MD.
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	(Daughter)	ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pemperhaus	P Short	1 de 45 m
	976 V DUETO 11 119	11 11 2	
	Conditions, if any, which \ (b) Slewn Stor	Wound of Face &	11.
1	gave rise to immediate cause	neat t	
1	(a), stating the underlying cause last.		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
			YES NO DE
		Enlar nature of injury In Part I or Part II of Itam 18.)	
	PRIMARY TO CONTRIBUTING CAUSE OF DEATH.		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (Cou	unty) (Stata)
	Tion a.m.	ory, streat, offica bldg., atc.)	
-	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection Inquiry	and in my opinion
	death resulted from: Natural causes , Accident , Suic		
	BOTUS 1190 me / n. o	CHIEF MEDICAL EXAMINER	
1	SIGNATURE OF THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
1	EXAMINER'S WIO MCLane MO	Address (Street, city, town, or county)	yally my
-	22. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stata)
	REMOVAL (Spacify) 9/9/1961 Oak Hill Ce	metery Lonaconing, MD.	LA SHEE
-	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S	
	GEORGE EICHHORN LONACONING, M	D. DATE SEP 11 '61	
		I DATE	- Daniel A

E 5 CONTROL NORTH THE WAY VERSILA DESIGNATION OF THE PARTY OF THE PART ger an name t Ject months Lect months TAKES - STEWARDER - STATE OF THE STATE OF TH E/17/1903 and the state of 3.2. celemene corp. Omberland, M. gilmore , M. waller are the leading and the same of the same of the same of the and the control of th SOUND SERVICE LEGISLES IN A SERVICE LANCE

FOR STATE Page director. Page jo State ! TO DEP! ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any opease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Station or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, official death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	i			NCE (Where decesse	d lived, If institution: R	sidence by by by signify
o. coomi	Allegany	MARYLAND	o. STATE	vland	b. COUNTY	Legany
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			limits, write RURAL end	
	give neerest town)	50.				
Cumberl	and	D.O.A.		stburg		le hectpulses
		ot in hospital, give street address)	d. STREET ADDRESS	,		IS RESIDENCE ON A FARM?
/ Memoria	1 Hospital		9 8	standish	Street	YES NO X
3. NAME OF DECEASED	First	Middle	Lasi	4. DATE	Month	Dey Yeer
(Type or print)	Wal	ter R.	Anthony	OF DEATH	Cont 1	Oth. 1961
S. SEX			DATE OF BIRTH		E (In years IF UNDER 1)	
36.3				last	birthdey) Months D	leys Hours Min.
Male	11 A de color O C	IDOWED DIVORCED J	une 29th,	1903 5	8 yrs.	
	ION (Give kind of work orking life, even if relired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (SIGH	e or foreign country)	12. CITIZ	ZEN OF WHAT COUNTRY?
Cost Cle	rk	K.S.Tire Co.	Frostb	פיוו		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN			ODA
Rauh	en Anthony		Jean R	onlein		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	guriu	Address	
(Yes, no, or unkown) (I	fyes give wer or dates of servi	ce)				
. 10 CTTTTT OF T	2	15-206825 Mr	s. Walter	Anthony	, 9 Stand	ish St.F'b
		use per line for (e), (b), end (c).]				ONSET AND DEATH
PARI I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	CORONARY	OCCLUSIO	N		SUDDEN
420,1	DUE TO					
Conditions, if any		CORONARY	SCLEROS	TS		
geve rise to immedi	ete cause					
(a), sleting the u	nderlying DUE TO					
cause lest.) (c)					
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	PITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
2						YES NO
PART II. OTHER 20s. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury In Pe	ert I or Pert II of ilem	1B.)	
PRIMARY OF CO	NIRIBUTING [
ZOc. TIME OF INJU	RY Month, Dey, Yeer	2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	rm, 20f. (City or to	wn) (Coun	ty) (State)
20c. TIME OF INJU		While Not While fector	ory, street, office bldg., et		(000)	(3(310)
	19	et work et work				
21. I certify th	at I took charge of the	he remains described above, he	ld an Autopsy	Inspection X,	Inquiry X,	and in my opinion
death resulted f	rom: Natural cause	es 🔼 Accident 🗍, Suici	de, Homicide	Undeter	mined manner	
	1	7.	CHIEF MEDICAL	EXAMINER		
ACTUAL /	1 molit	the touched	ASSISTANT ME	DICAL EXAMINER	7	DATE SIGNED
SIGNATURE	muches x	sperarece	M.D.	AL EXAMINER X	-	
EXAMINER'S	DESTRUCTOR OF THE OWNER.	GETTA DET TO ME		-	SEPT. 10	
NAME (Type)	BENEDICT N. 1 22b. DATE THEREOF	SKITARELIC, M.I	Address (Street,	city, town, or county	Cumber	land MD.
22e. BURIAL, CREMATIC REMOVAL (Specify)		ZZC. NAME OF CEMETERY OR	CREMATORT	22d. LOCATION	(Cily, town, or country)	(51010)
Burial	9-13-61	F'bg.Memoria	1 Park	Frost	burg.	Md.
23. FUNERAL DIRECTO		ADDRESS	24e. RE	C'D BY REGISTRAR	24b. REGISTRAR'S SIC	SNATURE
VP1	Yeur X	Frostburg, N	Id. DATES!	EP 13 '61	arthur S. 1	Trans
7. 1. ~		- TODODOUTE 1	Tora I NVIE			

basignar and a series of the s Comparation of A.O.O. The state of the s Cost Cleans and Charles and Control of the Control Technic dept. the state of the s The second of th Combestant, III. the care against the state of the care that the care the care that the c J. F. Constituted Md. 1888 M. M.

FOR STATE Page director, Page or your files. To ay lo Boar refained he State the f the after 2 2 with Page 5 ma s 1 and 2 w 72 hours a Pages pages 1 within PM3. Give it. File I permit. with Office along was burial-transit pr r's Office s a burial-t removal, should asse execute the certificate, writing the word "pendin should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or r MEDICAL EXAMINER: This TO DEF please 4 shoul O FUN VS. AISME

5M 9/60

CERTIFICATION

CAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission a. COUNTY Allegany b. COUNTY Hardy MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Rural RURAL COOLE, Man) 5 Min. Moorefield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Rural YES K NO NAME OF First 4. DATE Middle Last Month Yeer DECEASED Sept. 61 Forrest (Type or print) Edwin Barr DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 1942 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Male White Months Hours Mar. 13.1942 WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Student W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victor Barr Ruth Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Victor Barr-Moorefield. W. Wa. ma 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Blood Loss Shock: 5-10 Min IMMEDIATE CAUSE (e) DUE TO Rupture of Liver, Kidneys, Spleen 5-10 Min Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying Impact of Auto Accident cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY PERFORMED? NO 4 20a. EXTERNAL CAUSE WAS PRIMARY AL or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) CAUSE OF DEATH. Passenger in Car which Colided with 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Month, Day, Yeer (State) factory, street, office bldg., etc.) p.m.Sept.13 19 61 et work et work # 135 Near McCoole Alleg. 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 . Inspection 🕵 Inquiry X and in my opinion death resulted from: Accident x Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Sept. 13, 1961 DEPUTY MEDICAL EXAMINER EXAMINER'S Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOYAL (Specify) Burial 9/16/61 Newhouse Cemetery W. Va. Rig. ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE NEP 1 5 '61

DATE

Orthur & thous

Westernport, Md.

OF ORIGINATION AND LANGUE WAS A SHORT OF THE OWNER. 51160 AND STREET STREET Unwild | Tree 1255 e and the same and the same Shook : Noute Hook : Stook eff of a Runtime of I iver, Midneys, Spices a se el ma tueblook of on to torust to the state of the state of the state of the state of the TO SOUTH AND A SECOND OF THE PARTY OF THE PA cace .El .dgbd . Na. Lone to big constitute of tenot .but in diagoning Was to a second of the second List Jengn spines

TO DEP ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please executed serificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your first to burial, cremation, TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registriction to burial, cremation,

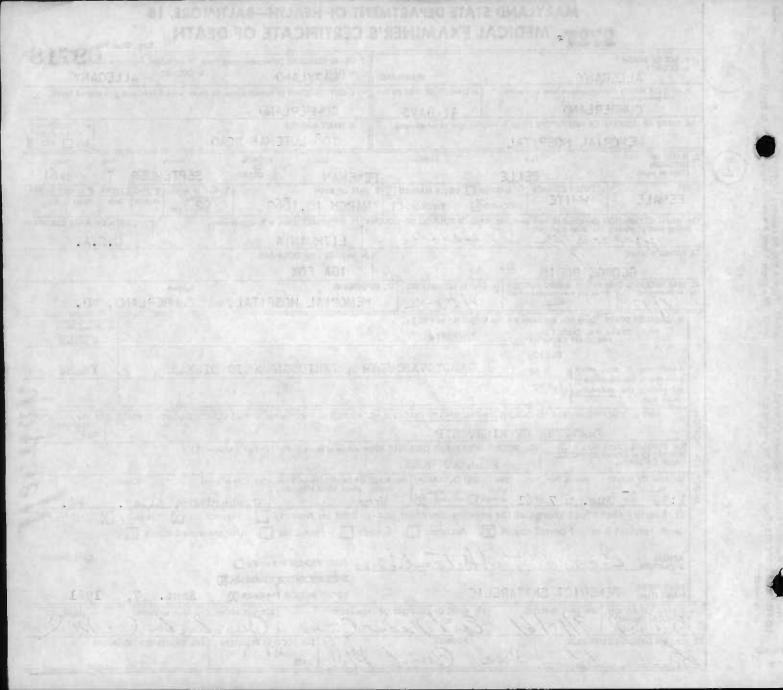
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or removal. 5M 9/55

VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

ALLEGANY	MARYLAND	o. STMARYLAND	b. COUNT		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside c	orporate limits, write	RURAL and give r	neorest tawn)
CUMBERLAND	31 DAYS	02 CUMBERLAND			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp MEMORIAL HOSPITAL	ital, give street oddress)	d. STREET ADDRESS	ROAD		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) DELLE	Middle E	Lost 4. DATE OF DEAT		,	Year 1961
5. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWED		MARCH 10,1869	9. AGE (In years lost birthday) 92 yrs.	IF UNDER TYEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kind during most of working life, even if setred)	Home,	RY 11. BIRTHPLACE (State or foreign	country)		F WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
GEORGE RUBIN		IDA FOX			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. by unknown) [If yes, give war or dates of service)	ocial security No. 17. In	MEMORIAL HOSPITA	L, CUME	BERLAND,	MD.
18. CAUSE OF DEATH [Enler only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UREMIA			INTE	RYAL BETWEEN ET AND DEATH WEEKS
Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	CARDIOVASCULA	AR ARTERIOSCLEROT	IC DISEASE	B	YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CO. FRACTURE OF RIG		OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIV		9. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	nter nature af injury in Port I or Part	II of item 1B.)		
Hour erm. Aug. u 7 1961 of wor	Not while focto		ity or town) mherland.	(County)	(State)
21. I certify that I took charge of the re			Inspection X,	Inquiry X	, and find that
death resulted from: Natural causes	Accident , Suid	cide [], Homicide [],	Undetermined o	ause .	DATE SIGNED
SIGNATURE Denedict	Kilarelie	_M.D. CHIEF MEDICAL EXAMINER			DATE SIGNEL
EXAMINER'S BENEDICT SKITAREL	ıc	DEPUTY MEDICAL EXAMINER		. 7,	1961
22a. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 9/10/6/	East Vien	CREMATORY 22d, LOC	CATION (City, town,	or county)	My Q
21. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Cumb.	MR 240. REC'D BY REG SEP 1 1	16.1	rinus & the	



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Item	16 Fil 020F 0	JE 162 :		09740
1. PLACE OF DEATH a. COUNTY	TV-III GC7)		CE (Where deceased livad, If	
Allegany	MARYLAND	a. STATE M	aryland b. COUN	Allegany
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16			e RURAL and give neerest town)
write RURAL and give neerast town)	70 Yrs.	X M	t. Savage,	
d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS	or barago,	a. IS RESIDENCE
		NT	arr Davi	ON A FARM?
New Row	Middle	Last	ew Row	YES NO
DECEASED		Lasi	OF	
(Type or print) Henry	J.	Bennett	DEATH Septem	
6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	Months Deys Hours Min.
TIEL TO	OWED X DIVORCED	Apr. 26th,	1882 79 yrs.	Monins Deys Hours Min.
Oe. USUAL OCCUPATION (Give kind of work form during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
RetTile Moulder	Brick Plant	Pennsy	lvania	USA
. FATHER'S NAME		14. MOTHER'S MAIDEN		
John Bennett		Mazia	Perdew	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
Yes, no, or unkown) (If yes give we ror detes of service			7100100	
18. CAUSE OF DEATH [Enter only one ceuse	214-01-0162 Mr	D. LIGHTS	Black, Nt.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Tinemia noi	aon		ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremic poi	2011		2 weeks
Tdd. DUE TO				
Conditions, if any, which (b)	Arteriosci	erotic car	diovascular	disease
(a), steting the underlying DUE TO				Years
ceuse lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	ZEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
				YES NO A
	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fare	m, ; 20f. (City or town)	(County) (Stete)
Hour a.m.	While Not While fect	ory, street, office bldg., etc		
	et work et work	7 7 07 50		3 63
21. I certify that (I) (this hospital)				
saw the deceased alive on.	9-3- 19 6 Land that	death occured at	M, from the causes	and on the date stated above
22e. SIGNATURE	1	ATTENDING	MED STAFF	22b. DATE SIGNED
LAMA	/// M		DIRECTOR PHYS.	9-8-61
22c. PHYSTCIAN'S	100	22d. ADDRESS		0 1 7 . 7 77 7
NAME (Type) G. O. Him	meIwright, "	133 V	irginia Ave.	., Cumberland, Md
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (Specify) Burial 9-11-61	M. E. Ceme	terv	Mt. Sava	ge. Md.
4 FUMERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. RE	
PORECION S SIGNATURE	4 10	7 0	SED 4 1 101	withing of Kroug
1. 1. Weerst 7	roscourg "	MO DATE		Thank

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MT. Baraga.

Apr. 2501.1882 79

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(O. J. Martolichtent, II 133 Virginia Not., dumperland, Hd.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	69120 -
PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmi
ALLEGANY MARYLAND	a. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
FROSTBURG 8 HRS.	FROSTBURG
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESID ON A F/
MINERS HOSPITAL	
NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) CLIFFORD	BEVAN DEATH SEPTEMBER 20th, 19 6
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 Months Deys Hours Months Deys Mo
MALE WHITE WIDOWED DIVORCED K	SEPT. 6TH, 1915 46 yrs.
De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COU
perator-Bobbin Celanese Corp	• FROSTBURG USA
3. FATHER'S NAME (Stores)	14. MOTHER'S MAIDEN NAME
REESE BEVAN	SARAH HARRIS
	INFORMANT Address
	eslie Bevan, 57 Mt. Pleasant St., F'bg.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRVAL BETWE
PART I. DEATH WAS CAUSED BY:	cular hemonfrage 34 hr
IMMEDIATE CAUSE (a)	accept vertices variety
Conditions, if eny, which (b) Quiterros clerat	hic Hypertension
gava risa to immediate cause (ue region un scort
(e), steting the underlying DUE TO	
ceuse lest. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 208. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORM
DO ACCIDENT WAS INDESTRUCED IN ORDER HOW INTURNOCCIO	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, ferm, '20f. (City or town) (County) (Sta actory, street, office bldg., atc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) nattended the deceased from	1961, to 20, 1961, that (1) (we
saw the deceased alive on Sept 20 1961, and the	at death occured at 2.9M, from the causes and on the date stated a
22a. SIGNATURE	22b. D
Hamly Amy	M.D. PHYS. MED. STAFF PHYS. STAFF
22c. PHYSICIAN'S NAME (Type) TECTTE D MTTEC	E. MAIN ST., LONACONING, MD.
TESTIE R. MILES,	
38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	THE PARTY OF THE P
BURIAL 9-22-61 F'BG. MEM	ORIAL PARK FROSTBURG, MD
FROSTBURG, N	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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BUBLAN 9-22-51 L'HC. HE DELAL PARE PERE THOSE THOSE AND AND THOSE COMPANY

FOR STATE ladirector. Page of formal files.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9730 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TEALER DET	e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission)
28.5	Allegany Marylan	a. STATE b. COUNTY
Page 1		The particular to the particul
8 5 - 1 14	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) .	1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
200	Oldtown, Rural Rt 1. 1 Hr.	X Rural near Oldtown
元信之前	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	8. STREET ADDRESS e. IS RESIDENCE
200		ON A FARM?
000	Route #1	Route #1 YES NO
and the state of t	3. NAME OF First Middle	Last 4. DATE Month Day Year
de	(Type or print) DADV CTDT	PIGUAD DEATH SOUT 29 1061
- 0 0 = 0	TEADL GLIGH	DISTOR 1901
でのが流	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
de ma	Female White WIDOWED DIVORCED	Sentember 29, 1961 Iast birthdey) Months Deys Hours Min.
P P P	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IND	
1, 2 an an 2	done during most of working life, even if refired)	
Pa Pa		Wear Oldtown, Maryland USA
3. 3. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
40 × 6 ×	Chamles Tee Dishey	D 13 D 1 = **
ESEL	Charles Leo Bishop	Dorothy Rachael Wagner
声のうこ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unknown) (Ifyasgive war or dates of service)	7. INFORMANT Address
A T T I I	No	Charles L. Bishop, Rt. 1, Oldtown, Maryland
te t	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
Sit Dist.	NAME OF THE OWNER OWNER OF THE OWNER	ONSET AND DEATH
an ola ind	IMMEDIATE CAUSE (a) EXA NGU.	INATION I Hr.
en e	DUE TO	
Ald a find a series		NG FROM UMBILICAL CORD 1 Hr.
5. O 4 5	geve rise to immediate cause	AG LILOM ONDIDIOND COUD TUL.
e si sar's	(a), stating the underlying DUE TO	
d and d	cause lest. UNA TTE	NDED BIRTH
tiffi 'pe (arr (arr on,		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
ation of the		PERFORMED?
sic de la	5	YES 🔀 NO 🖸
ipo on i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH.	D. (Enter nature of injury in Part I or Part II of item 18.)
EN + × × is	CAUSE OF DEATH.	
Sur in the	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, ferm, ', 20f. (City or town) (County) (Stete)
M. T. D. B. O.	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While at work at work at work	factory, street, office bidg., etc.)
XX S	p.m. 19 at work at work	
D O Cat	21. I certify that I took charge of the remains described above	, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
THE PET		
D & B G	death resulted from: Natural causes , Accident ,	Suicide, Homicide, Undetermined manner
O P R S	1 1 1/2'	CHIEF MEDICAL EXAMINER
Man of the	ACTUAL DIAGONA KANATANA	ASSISTANT MEDICAL EXAMINER DATE SIGNED
AIA	SIGNATURE MINICILLA SPINARILLE	DEPUTY MEDICAL EXAMINER X October 1, 1961
d be for ERAL esignal	EXAMINER'S	
N P	NAME (Type) BENEDICT SKITARELIC, I	Addrass (Street, city, town, or county) Cumberland, Md.
DIFFER MED should be forware the should be forware FUNERAL DIII its designated a	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 22d. LOCATION (City, lown, or country) (Steta)
0 g 4 5 p	70 0 0	ve Cemetery Near Oldtown, Maryland
H H	Burial 10/3/61 Oliver's Gro	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. AISME		
5M 9/60	John J. Hafer, Cumberland, Maryland	DAGCT 9 '61 Only & King

A STANDARD AND STA Digett. Maker, trained me, sangtand and series at a great state.

d complete illed in by the funeral rbon paper. Pages 1 and 2 should within 72 hours after death. The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute death.

10 FUNLARL DIRECTOR: After this certificate has been signed by the attending physician and completed or page 3 should be detached for use as the burial-transit permit. Then please remove carbon page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9731 CERTIFICATE OF DEATH

=											
1.	PLACE OF DEATH						CE (Where	dacaasad livad, If		and by ere	dmission)
	ALLEGA	NY		MARYLAND	a. STATE MARYLAND ALI, FY ANY						
	b. CITY OR TOWN (if	outside corporete limit	5,	c. LENGTH OF STAY IN 1b	c. CI			rporeta limits, write			vn)
	CUMBERIA	give nearest town)		TO TELE	V.	א ד ו פורוארוזו	W.D.				
			f not in hos	70 YEARS pital, give street address)		REET ADDRESS	NU	-		I a IS P	ESIDENCE
				prior, give areas address,	1		DD T	O		ON	A FARM?
3	SACRED NAME OF	HEART HOSP	TTAL		11	BEDFORD	RD. I				NO T
3.	DECEASED	First		Middle		Last	4. DATE	Month	Da Da	y Yee	r
	(Type or print)		RIES	C.	BOS	SLEY	DEAT	H SE	PTEMBER	26 19	61
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years	IF UNDER 1 YEA	_	
H	MALE	WHITE	WIDOWE		SEPT.	26, 188	35	76 yrs.	Months Days	Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INDUST				or foreign country)	12. CITIZEN	OF WHAT	OUNTRY?
do	ne during most of wor MACHINES	king life, even if ratire	d) P	AILROAD	S FINE	W. VA.			TTC		
13	FATHER'S NAME	Т.	10	ALLINOAD	114 1107	W . VA . HER'S MAIDEN	NIALIF		USA	1	
					IA. MOI	HER S MAIDEN					
	CHARLES					JENNIE	CHES	TNUT			
		R IN U.S. ARMED FOR yesgive war or dates of se		SOCIAL SECURITY NO. 17.	INFORMA	NT		Address			
	NO		A	589069	PATI	ENTS C	CHART				
	18. CAUSE OF D	EATH Enter only one	cause per li	ne for (a), (b), and (c).]						NTERVAL BE	
		WAS CAUSED BY: MMEDIATE CAUSE (a)		Chamber Co		1/2	-15	2. 1	,	ONSET AND	
	1120.0			consult co	ange of	ui He	CO3 7	auth		4 100	
	7 × 0 · 0	DUE TO		artripeller	1.	11 0	0				
	Conditions, if any, gave rise to immedia			un-rupeur	atu	Newx	Ihre	ran		_	
	(a), stating the un	DIT TO									
	cause last.) (c)_									
NO	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1(a)		NUTOPSY DRMED?
AT										YES 📑	NO I
CERTIFICATION	20a. ACCIDENT WA		20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter nate	ura of injury in I	Part I or Part	II of item 18.)			
GR		MEDICAL EXAMINER)									
AL	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. I	NJURY OCCURRED 20a. PL	ACE OF INJU	JRY (Home, farm	n. ' 20f. (C	ity or town)	· (County)		(State)
MEDICAL	Hour a.m.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While	Not Whila fac		office bldg., etc.		.,,	(,,		(0)
×	p.m.	19	at work				1				10
	21. I certify th	at (I) (this hospit	al) attend	ded the deceased from.	apni.		1961	35.1.9	, 19.61,	that (I)	(we) last
		ed alive on	126	19 Co, and tha	t death o	ccured ava.	30.7K, fro	m the causes	and on the	date state	d above.
н	22a. SIGNATURE					NIDINIC I	455	57.455		226	. DATE
н	t	willes	P.	Jan.	A.D. PHYS		MED. DIRECTOR	STAFF PHYS.		9/3	SIGNED
	22c. PHYSICIAN'S	0 2000				ADDRESS				11-5	401
	NAME (Type)	lliam P. I	ames,	M.D.	112	I N. Ce	entre	St., Cum	berland.	Md.	
22	RIDIAL CREMATIC	ON, 23b. DATE THER		23c. NAME OF CEMETERY	OR CREMA			CATION (City, to			tete)
236	REMOVAL (Specify) BURIAL									(3	,
_		SEPT.28,	1961	HILLCREST BU	RIAL I			UMBERLAN			
24	FUNERAL DIRECTOR'	S SIGNATURE	CITIMI	BERLAND, MD.		25a, REC	EP 2 9	STRAR 25b. REG	GISTRAR'S SIGN	ATURE	
	Ditton	TTTATT	0011	DEIGHAND, FID.		DATE			John 1 4, 76	AMAS .	
-											

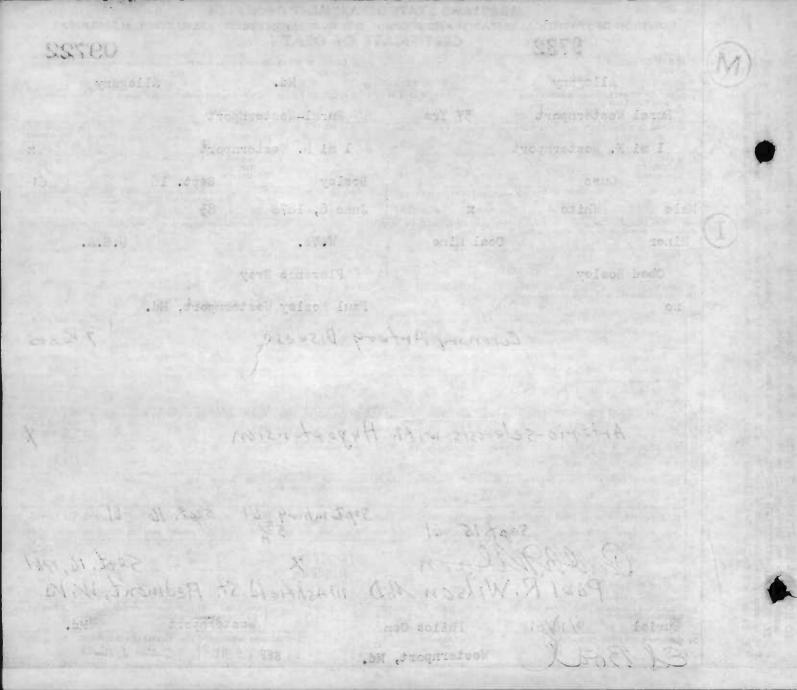
1800 The temperature of the state of APPENDICATE OF A STATE OF A STATE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	2636				<u> </u>	722
1. PLACE OF DEATE	H			CE (Whara dacaased lived, If		a batora admission)
	llegany	MARYLAND	a. STATE Md.	b. COUN		
	if outsida corporate limits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write	Allegany	eerast town)
write RURAL and	giva naarest town)				The little sing give in	
	sternport	37 Yrs	Rural-Wes	ternport		
d. NAME OF HOSPI	TAL OR INSTITUTION (if n	ot in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1 mi N.	Westernport		1 mi N. We	sternport		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	n Day	Year
(Type or print)			Realess	OF DEATH Cont. 1	-	19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	Bosley B. DATE OF BIRTH	9. AGE (In years	LIF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	7.77	VIDOWED TO DIVORCED	June 8, 1878	last birthday)	Months Days	Hours Min.
	TON (Giva kind of work	10b. KIND OF BUSINESS OR INDUST			12. CITIZEN OF	F WHAT COUNTRY
dona during most of wo	orking life, avan if ratirad)			,, or		
Miner		Coal Mine	W.Va.	NIA ME	U.S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Obed Bo			Florence			
	ER IN U.S. ARMED FORCE		INFORMANT	Addrass		
no			Paul Bosley	Westernport, M	Id.	
18. CAUSE OF I	DEATH [Entar only one ca	usa par line for (a), (b), and (c).]			INTE	ERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Cormory Arter	ry Diseas	0	ONS	SET AND DEATH
1120		civilory in i	1 113 3			14013
720,	DUE TO					
Conditions, if any	1-1					
(a), stating tha	DITE TO					
causa last,) (c)					
PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED?
A A	rterio-so	lerosis with 1	Typerton	sim	Y	ES NO
E 20a. ACCIDENT W	AS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in I	Part I or Part II of item 18.)		7
PART II. OTHE	MEDICAL EXAMINER					
		20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, farm	n, ' 20f. (City or town)	(County)	(State)
20c. TIME OF INJU	Monni, Day, Teal	While Not While fac	tory, street, office bldg., atc.		,	(0.0.0)
Pinn	19	at work at work				
21. I certify	that (I) (this hospital) attended the deceased from.	5 ptember 4	1961, to 547.	Co, 196., th	nat (I) (we) las
	~	1		M, from the causes		
22e. SIGNATURE	2000	10		7		22b. DATE
1/1	L. Uth M	il am		MED. STAFF	Cost	12 SIGNE
22c. PHYSIC ANS	wyviv		22d. ADDRESS	<u> </u>	July.	14,1741
NAME (Type	PAULR	Wilcon MI	IIIA-LO:	1) CH Dist	mers + 1	N. V.
	1001111	101/30N 701C	111/45/11-12	in striction	mone,	V. J. V. EL.
23a. BURIAL, CREMAT REMOVAL (Specify	ION, 236. DATE THEREC	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	wn or county)	(Stata)
Burial	9/18/61	Philos Cem		Westernport		Md.
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			GISTRAR'S SIGNAT	
E 8. 1-	Som	Westernport, M	DATE S	EP 19'61 a	Wilmy S. Kraw	M



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 9733

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09723

4"	e. COUNTY				2	a. STATE	NCE (Where	deceased lived, If b. COUN		ce petore e	dmission)
	A]	legany		MARYLAN	ID		arvlar		477	ganv	
	b. CITY OR TOWN (if	foutside corporete lim	nits,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside co	prporete limits, write			n)
	-	stburg		25 Yrs.		2.2 Fro	stbur	g			
			(if not in hospi	tel, give street address)		d. STREET ADDRES		•		e. IS RE	SIDENCE FARM?
	121 H	Iill Stre	et			121	H411	Street			NO TO
3	NAME OF DECEASED	Firs	1	Middle		Last	4. DAT	Month		Yeer	A hold h
	(Type or print)	Не	nrv	s.		Bowers	OF DEA:	H Sentem	ber 12t	h 19	61
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7 8. D	ATE OF BIRTH		9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER	24 HRS.
	Male	White	WIDOWED		Se	pt. 25th	,1897	last birthday)	Months Deys	Hours	Mîn.
10	Da. USUAL OCCUPATION of working most of workin	ON (Give kind of working life even if retir	k 10b. KIN	D OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Co	unty & Stele,		12. CITIZEN C	F WHAT C	OUNTRY?
	Min		Coa	1 Mining		Pennsy	Ivani	9	TIS	A Z	
13	3. FATHER'S NAME				14	. MOTHER'S MAIDE			U)M	
	Chr	istian Bo	owers			Margar	et Gr	ose			
15	5. WAS DECEASED EVE (es, no, or unkown) (If	R IN U.S. ARMED FO	RCES? 16. Se	OCIAL SECURITY NO.	17. INF	ORMANT		Address			
				07-0094	Mrs.	Agnes]	Bower	: 121 H4	111 S+	Fibe	Ma
	18. CAUSE OF D	EATH [Enter only on		e for (e), (b), end (c).]	,			3922 113		ERVAL BET	WEEN
		H WAS CAUSED BY:	1	arcino	1711	9 710	mai	6	01	104	cefy
	15/X	DUE TO						7 5			1
	Conditions, if eny	, which) (b	}								
	geve rise to immedie	ete ceuse									
	(e), stating the unceuse last.	nderlying (c)							300		
Z	PART II. OTHER			RIBUTING TO DEATH BU	T NOT R	ELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	'EN IN PART 1(e)	9. WAS A	
CERTIFICATION									CLIP THE	PERFO	RMED?
IFIC.	2De. ACCIDENT WA		20b. DESCE	RIBE HOW INJURY OCC	URED. (Er	nter neture of injury i	in Pert I or Per	t II of item 18.)		160	
		MEDICAL EXAMINER									34
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye	eer 20d. IN While	JURY OCCURRED 2De		OF INJURY (Home, fe street, office bldg., e		lity or town)	(County)	(Stete)
ME	p.m.	19	et work					- 11	E CONTRACTOR		
	21. I certify th	nat (I) (this hospi	ital)/attende	ed the deceased fr	om Ce	16	19ke.k, 1	· 2/2/	2 , 196 /	hat (I) (we) last
	saw the decease	6 4 4		196/, and		eath occured of.	OPM, fr				
	22a. SIGNATURE	Duk	1						0.		DATE
	IM	LIMICA	line	7	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9-1	13-6	SIGNED
	22c. PHYSICIAN'S	-011/				22d. ADDRESS		- 27	1		
	NAME (Type)	W. O. M	cLane		11	167	E. Ma	in St.,	Frostbu	rg,	Md.
2:	3a. BURIAL, CREMATIC			23c. NAME OF CEMET	ERY OR			CATION (City, to			ate)
	Burial	9-15-	1-	St. Mich	aels	s Cemete:	rv F	rostburg	7.	Md	
2.	4 FUNERAL DIRECTOR			ADDRESS				ISTRAR 25b. REG			
	1. 19 1	tunt	-	Frostbu	og.	Md. DATE	SEP 1 9	61 a	rihung S. Kra	uA	
1	7				07		- F				

death. 4 may be retained by the hospital or attending physician.

You may be retained by the hospital or attending physician.

You full EXALD IRECTOR: After this certificate has been signed by the attending physician and complete with the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Joges 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after OR ATTENDING PHYSICIAN: TO HOE

1210 State 25th 1285 143 sul-spend has the power ist hill st. o'tends. South a facility of the facili XXXX Tourist - 9-15-61 18. Homels Cametary Frontsum. Trestours, the first time of the surface of the sur

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pinous 7 pi	lath	V	

death. We 4 may be retained by the hospital or attending physician.

TO FUN ACL DIRECTOR: After this certificate has been signed by the attending physician and compleif director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

973	4	CERTIFICAT	E OF DEATH		OOMOA.
1. PLACE OF DEATH a. COUNTY				ICE (Where daceasad lived, If	
ALLEGANY		MARYLAND	a. STATE PF NNS	YLVANIA b. cour	BEDFORD
b. CITY OR TOWN (if outside corporete	limits,	c. LENGTH OF STAY IN 16			a RURAL and giva nearast town)
writa RURAL and give nearest town) CUMBER LAND		16 DAYS		2, FLINTSTONE,	14 11
d. NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSP	ITAL		d. STREET ADDRESS		a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Irst A	VL 5 . Middle	Lest	4. DATE Mont	
(Type or print)		0	PRIDOCO	OF DEATH	5 10C
5. SEX 6. COLOR OR RA		D X NEVER MARRIED 8	BRIDGES DATE OF BIRTH		EMBER 23 1961 THE UNDER 1 YEAR! IF UNDER 24 HRS.
34445	WIDOWE	THE TER MARKIED	2-88-1893	lass pirthdey)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of v		IND OF BUSINESS OR INDUSTR	Y I 11 BIRTHPLACE (COLL	nty & Stete, or foreign country)	1 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if re	atired)		Elintstor	e. Marvlad	Market and the second
Tire Builder 13. FATHER'S NAME	K-S	Tire Company	SECRETA		U. S. A.
			14. MOTHER'S MAIDEN		
ABRAHAM BRIDGES			MARGARET		
 WAS DECEASED EVER IN U.S. ARMED I (Yas, no, or unkown) (Ifyesgivewarordates 		SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No		1	EMORIAL HOS	PITAL - CUMBER	LAND, MO.
18. CAUSE OF DEATH [Enter only		line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE		rema			2 week
450,0 DUE	10	A			~ 4
Conditions, if any, which	(b) ar	Tenosiles	sis - gene	religiel-pen	pland years
gave rise to immedieta cause	70			0	fee
(a), stating the undarlying					
causa last.	(c)	UTDIDITING TO DEATH BUT NO	T DELATED TO THE TERM	NAL DISEASE CONDITION OF	VEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT COI	ADITIONS COL	('THE BUT NO	RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	PERFORMED?
5 mese	nler	re Ckrom	tose		YES NO
PART II. OTHER SIGNIFICANT COLUMN TO THE PART III. OTHER SIGNIFICANT COLUMN	TH	CRISE HOW INJURY OCCURED	, (Enter natura of injury in	Part I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day,	Yaar 20d. While		CE OF INJURY (Home, far ory, street, office bldg., etc		(County) (State)
Hour a.m.					
21. I certify that (I) (this ho	spital) atten	ded the deceased from	9/5	19.61 to 9/23	, 19.6/s, that (I) (we) las
saw the deceased alive on	9/27	1961 and that	death occured at	from the causes	and on the date stated above
22a. SIGNATURE	1				22b. DATE
Thomas to	Leu	M M	PLIVE	MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	fo		22d. ADDRESS		
NAME (Type) DR. G. (HIMM	ELWRIGHT	133 VIRG	INIA AVE., CUM	SERLAND, MD.
23a. BURIAL, CREMATION, 23b. DATE 1		23c. NAME OF CEMETERY		23d. LOCATION (City, to	
REMOVAL (Spacify)					D1 //o 202
Burial 9/26/	01	Seven Dolars	Latholic Cem	Flintstone	CISTRAP'S SIGNATURE

John J. Hafer, Cumberland, Maryland

DATE SEP 2 7 '61

arthur S. Kraus

SCHILLING SE, LINE

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8.40 2.40

IS VIPCINIA ..., CISEPLAND, W.

The state of the s SEP 2 7 % 1 College Street

Committee, same of the committee of the

DR. C. C. HIVELER RET

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				100	705		
	ACE OF DEATH		NCE (Where decessed lived, If		admission)		
/	ALLEGANY MARYLAND	e. STATE MA	RYLAND b. COUN	ALLEG	ANV		
b. 0	CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)		(If outside corporete limits, write	RURAL and give	neerest town)		
	CUMBER LAND 1 Day	43 WES	TERNPORT				
d.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE		
q	MEMORIAL HOSPITAL	/ 229 G	maana Otmaat		ON A FARM?		
	AME OF First Middle	Last	reene Street		Year		
	CEASED pe or print) ROXIE T. (TO A HERO CO.	OF DEATH		19 67		
5. SE)		RAWFORD 8. DATE OF BIRTH	19. AGE (In years		19 61 IF UNDER 24 HRS.		
	emale White WIDOWED	April 14.	1882 79 yrs.	Months Days	Hours Min.		
10a. U	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS			12. CITIZEN O	F WHAT COUNTRY?		
	Housewife	Wester	nport. Md.	TT	S.A.		
13. FA	THER'S NAME	14. MOTHER'S MAIDEN	NAME	0	Den		
	FRANK KOODEN	ATPHA	MICHAELS				
	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
(100, 11	o, or anxiomity (myosytrower or delessorservice)	MEMORIAL H	OSPTTAT. CIMI	BERLAND	M		
18	. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		ONT TIME COM	INT	ERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) SUBDURAL HEMO	RRHAGE RT	CHT HEMISPHET	ON ON	SET AND DEATH		
	904.7 DUE TO				ou nrs.		
Co	enditions, if eny which) (b) CONTUSION LEF	T FOREHEAD			20 Hrs.		
ge	eve rise to immediate cause						
), stelling the underlying but to use lest. Accidental fa	11					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT H		INAL DISEASE CONDITION GIV	EN IN PART 1(e) 1	9. WAS AUTOPSY		
CERTIFICATION	MYOCARDIAL FIRROSTS COPONARY	CTED ACTO	ATTO ATT		PERFORMED?		
E 20	MYOCARDIAL FIBROSIS CORONARY S Da. EXTERNAL CAUSE WAS MARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pe	THRONIC NEPHI	KITIS	TO INC.		
B PR	MAKE OF THE OF CONTRIBUTING						
₹ 20	De. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	ACE OF INJURY (Home, fer	m, 20f. (City or town)	mberlar	nd, Md.		
WEDICAL	Hour e.m. While Not While	ctory, street, office bldg., et	c.)				
- L	B:00 Sept 229 61 of work of wo	Home	Cumberla	nd, Alle	in my opinion		
		icide . Homicide		-44	in my opinion		
0.	Translated from: Translate Causes	CHIEF MEDICAL		anner			
A	CTUAL BOOK 1 + VA + 1	11	DICAL EXAMINER		ATE SIGNED		
	GNATURE AMEDICAL SALAMAN	M.D.					
	KAMINER'S AME (Type) BENEDICT SKITARELIC		clty, town, or county) Cumb				
22e. BU	IRIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, Iown,	or country)	(Stete)		
13	seral 9-25-61 Philse	eneter	Western/	port. M.			
23. FL	INERAL DIRECTOR ADDRESS T	1 4 4 CE 240. RE		STRAR'S SIGNATU	1,74		
10	NEADOOR for Pedmont	DATE	OCT 2 '61 C	Irthur S. Hrs	ua.		

Bed Trade of the Service and the property of the control of the co AN ART AS ETABLETED A SEMILAR A SACRET AT THE CONTRACTOR CONTRACTOR april 14, 1382 Con 19.4 · tean as fint Ferrence . has confined the contract the contract the contract that the . Dr. politic professor the same of the sa Pach . Br . Jose Wr. . . . they track it sold the technique will be the sold the A TOTAL OF THE PART TO SEE THE SEE THE

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th cert		ding pl	ose rem	in 72 h
the dec		e atten	en ple	ent with
s that		d by th	ait. T	ony eve
require	on.	n signe	isit per	ui pue
he law	physici	os pee	ial-trar	loval,
AN:	ending	ficate h	the bur	Or ren
HYSICI	or att	is certi	use as	motion,
SING P	haspita	After th	ed for	ial, crei
ATTEN	by the l	TOR: /	detach	to bur
LOR	Pined !	SIREC	uld be	the registrar prior to burial, cremation, ar removal, and in any event within 72 hayry after death.
OSPITA	be re	NER	e 3 shd	registro
Ť O H	OE	TO FUNER. STRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	pag	the
Y	SM	A15	55)

MARYLAN	ND STATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 18	
9736	CERTIFICA	ATE OF DEATH	Reg. D	ist. No. 0972 6
o. COUNTY Meany	MARYLAND	2. USUAL RESIDENCE (When o. STATE)	e deceosed lind. If institutions Reside	Les and
b. CITY OR TOWN (If Side corposed limits, we RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c. CITY OF TOWN IT OUT	side corporate limits, write RURAL and	pir nearest town
d. NAME OF HOSPITAL (If not in haspital, give st OR INSTITUTION 284 Nation	reet address) Herry	284 Nata	tonal Hwy	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	e midde D	Losi	d. DATE Month OF DEATH September	lst 19 61
Fenale White WID	OWED DIVORCED	9/29/186	9. AGE (In years last binthday) yrs. If UNDE Months	R TYEAR IF UNDER 24 HRS. Doys Hours Min.
during post of working life, even if refired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHIP ACE (Stote or	foreign country) Pa 12. C	M. S. A
Robert Smi	th	14. MOTHER'S MAIDEN NA	Montgomer	y ,
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	er. Deal	Hationiel !	Huy
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.C. DUE TO Conditions, if ony, which gove rise to immediate	rebral and Myoca		,	interval Between onser and Death 2 wks.
PART II. OTHER SIGNIFICANT CONDITION Diabetes m	mellitus, mild			RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20 Hour o. m.	hile Not while fac	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
21. I certify that I attended the dec			. 1st, , 1961 ,that I	last saw the decease
alive on August 31st, , 1 ACTUAL SIGNATURE	201, and that death	AD	Mechanic Street	
actual SIGNATURE Wyand F. Doerne	r, Jr., M.D.	AD. 414 North Cumberland	Poress (Street, city or town, state) Machanic Street	9-2-61 Maryland.
actual Signature Physician's	r, Jr., M.D.	Cumberland Cumberland Comparation Comparat	Mechanic Street Mechanic Street	9-2-61 Maryland. (Stote)
	DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? In. MAS DECEASED EVER IN U. S. ARMED FORCES? IN. MAS DECEASED EVER IN U. S.	PLACE OF DEATH o. COUNTY b. CITY OP TOWN (if grade corporate limits, write RURY and given for stay in the RURY and Given f	PLACE OF DEATH O. COUNTY MARYLAND D. CITY OF JOWN (H. Spiride company) limits, write RURA and girn prograft toosh OR INSTITUTION d. NAME OF HOSPITAL (H not in hospital, give street address) OR INSTITUTION MARRIED NEVER MAR	PLACE OF DEATH C. COUNTY MARYLAND D. CITY OF JOWN IF Applieds corposed limits, write c. LENGTH OF STAY IN 1D C. CITY OF JOWN IF Applieds corposed limits, write c. LENGTH OF STAY IN 1D C. CITY OF JOWN IF Applieds corposed limits, write c. LENGTH OF STAY IN 1D C. CITY OF JOWN IF Applieds corposed limits, write c. LENGTH OF STAY IN 1D C. CITY OF JOWN IF Applieds corposed limits, write RURAL and RURAL and RURAL and STREET ADDRESS OF INSTITUTION NAME OF DECASED NAME OF DECASED OF DECASED

1-1-The state of the s The state of the s The second secon and the state of the second of 2-2-12 THE STATE OF THE PARTY OF death. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Uses 1 and 2 though the befiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

 OL SIVIISIIAVE	LULARON AND MECOMOS, SON WITH MESTON	
9737	CERTIFICATE OF DEATH	

09727

a. COUNTY		a. STATE	b. COUNT		perora admission/
ALLEGANY	MARYLAND	MARYLAN	ND	ALLEGA	
 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outsida corporate limits, write	RURAL and giva ne	earast town)
CUMBERLAND	5 DAYS	G CUMBERL	AND		(12 0551051105
ME MOR I AL WARWICK	AVES.	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL			PHART DRIVE		YES NO Y
3. NAME OF First DECEASED	Middla	Last	4. DATE Month OF	Day	Yaar
(Typa or print) GILMORE	C. F	AZENBAKER	DEATH SEPTE	MBER 9.	19 61
5. SEX 6. COLOR OR RACE 7. MARI	RIED X NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.
MALE WHITE WIDON	VED DIVORCED	1-27-1886	75 yrs.	monns Days	71111
10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, even if ratirad)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& Stata, or foraign country)	12. CITIZEN OF	WHAT COUNTRY?
	CLF	MARYLAND		U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
OLIVER C. FAZENBAKER		NANCY SLI	DER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) (Ifyesgivewarordatasofservice)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
	214 05 5209	MEMORIAL H	HOSPITAL-CUMBE	DIAND MO	
18. CAUSE OF DEATH [Enter only one cause pe				INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Commy	Mund	vis	10	mula
42011 DUE TO 11	1 + 1	0 1 0			
Conditions, if any, which) (b)	yerbasile	(VI LL	sen.	y	long
gava rise to immadiata causa	1 + 10	NII	1, n	44	,
(a), stating the underlying causa last.	Merrylling	Instate	E armyle	who	weeks.
	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19	. WAS AUTOPSY
9			373 3 12 15	Y	PERFORMED?
E 20a, ACCIDENT WAS UNDERLYING ☐ 20b, D	ESCRIBE HOW INJURY OCCURED). (Enter natura of injury in Pa	art I or Part II of itam 18.)	1	[] []
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				1000	
0		ACE OF INJURY (Homa, farm, tory, straat, offica bldg., atc.)	20f. (City or town)	(County)	(Stata)
Hour a.m. Will at v	nila Not Whila fac		0 , 1		
21. I certify that (I) (this hospital), att	ended the deceased from	hyrof 20_, 1	90 (to My)	9, 1% th	at (I) (we) las
saw the deceased alive on	19.6.(., and that	death occured 8:00		and on the dat	
22a. SIGNATURE	1		ED. STAFF	al.	22b. DATE
13 m Mind	ll~	A.D. PHYS. DI	RECTOR PHYS.	1//	461
22c. PHYSICIAN'S NAME (Type)	2011111111111111				
DR. BLANE M.			REENE ST, CUMB		
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low		(Stata)
Byrial Sept.12,1961	Hillcrest Bur		Cumberland		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	ISTRAR'S SIGNATI	URE
Byron Kight	Cumberland, M	Id. DATE SI	EP 13'61 O	other S. Kra	us

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DR. ELINE N. SCHINGLER ... SCHOOLER ... SCHOOLER ... DR. CO. ... SCHOOLER ... NO. ...

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MAR DIVISION OF STATISTICAL RESE		s, 301 W. PRESTO	N STREET, BAL	TIMORE 1, M.	ARYLAND	
0720	CERTIFICAT	E OF DEATH	1		004	YOU
LACE OF DEATH		2. USUAL RESIDEN	CE (Whara daceasad	livad, If institution: R	asidance befored	ilos n
ALLEGANY	MARYLAND	a. STATE MARML	AND	. COUNTY	LEGANY	
. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	- -	(If outsida corporata lin			
write RURAL and give nearest town)	0.1100	BARTO	N			
CUMBERLAND NAME OF JOSEPH OF THE WARWICK MEMORIAL HOSPITAL	ospital give streat address)	d. STREET ADDRESS			e. IS RESI ON A I	
NAME OF First	Middla	Last	4. DATE	Month	Day Yaar	
Typa or print) JEANETTE		GEORGE	DEATH S	EPTEMBER	14 19 6	51
6. COLOR OR RACE 7. MARE	HED W NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years IF UNDER 1	, ,	7
FEMALE WHITE WIDOW		4-25-1882	79	rthday) Months yrs.	Days Hours	Min.
USUAL OCCUPATION (Giva kind of work a during most of working life, even if ratirad)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cou	ON, MD.		J. S. A.	UNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
THOMAS POWERS		MARY ANN	GUY			
WAS DECEASED EVER IN U.S. ARMED FORCES? Ino, or unkown) (Ifyasgive war ordates of service)		MEMORIAL HOSP	ITAL - CUM	Address BERLAND. N	0.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r lina for (a), (b), and (c).	serlar or	cerden	t	ONSET AND DEA	
Conditions, if any, which (b)						
gave rise to immediate causa						
(a), stating the underlying						
causa last.						
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	PERFORM	AED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	DATRIBUTING TO DEATH BUT N					AED?

5. 10a. don 13. 15. (Yas CERTIFICATION MEDICAL saw the decease 22b. DATE 22a. SIGNATU MED. DIRECTOR STAFF PHYS. SIGNED ATTENDING 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 36 GREENE DR. EARL R. PAUL ST., CUMBERLAND, ND. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 1961 Laurel ADDRESS BURIAL SEPT. em. 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 2 2 '61 Cartling & Kins

85720 1 VILANDE FUE EGH F COMMERCIANO E ENTERINE LANGUAGE ATES. SHIP IND HE SHIP STREET LE. 283 - 224 .A. 2. U. ... U. ... U. S. M. SEASON DESCRIPTION - CHEENAND NO. But it more his according 4-14-4 Pm- 4-44- 81 THE COLERE ST. . TELEGRAPHING. MD. الم قيمان و مسال Sept 17 19 Land of Hill Com Alexand All Control was also were the things of the transfer of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH -3. COUNTY		2. USUAL RESIDENCE (Where d	eceesed lived, If institutions if b. COUNTY	Residence of e de de la comp
ALLEGANY	MARYLAND	WEST VIRGINIA	MINER	AL V
b. GTY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate limits, write RURAL and	d give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	12 DAYS	WILEY FORD		l to propertor
MEMORIAL HUSPITAL		d. STREET ADDRESS	8 52	o. IS RESIDENCE ON A FARM? YES ☐ NO ES
3. NAME OF IAL & WARWICK, AVES	Middle	Last 4. DATE	Month	Dey Yeer
(Type or print) DONNA	LYNN	OF DEATH		0 17 19 61
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED X 8.	DATE OF BIRTH	SEPTEMBE . AGE (In years IF UNDER)	YEAR IP UNDER 24 HRS.
FEMALE MIDON		SEPTEMBER 5. 1961	last birthday) Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY		, , , , , , , , , , , , , , , , , , , ,	12 IZEN OF WHAT COUNTRY
done during most of working life, even if retired)		Cum		U.S.A.
None		MARYLAND 14. MOTHER'S MAIDEN NAME	DOL MOLIU	
		A 5454		
	6. SOCIAL SECURITY NO. 17. IN	FORMANT BARA ANN	BROWN ING Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)				
18. CAUSE OF DEATH [Enter only one ceuse per		MORIAL HOSPITAL, C	UMEERLAND, MD	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	11001		. Y. 10	ONSET AND DEATH
IMMEDIATE CAUSE (e)	- semilar of	noses I low	er 12 7	
DUE TO	f. A 0 +		1 1	19. Days
Conditions, if eny, which	ulilina ir	all with	inflete	
(a), steting the underlying DUE TO	l tastin.			0
ceuse lest. (c)	and the contract of			
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?
CAT				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO. 200. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert	II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d			ly or town) (Cou	inty) (Stete)
Hour a.m. Wh	1101 111110	ry, street, office bldg., etc.)		
7		John 6 1061	906 19 10	61 11 10 1 11
21. I certify that (I) (this hospital) atte	1 /1		Sep. 17. 19.	
saw the deceased alive on		death occured at 0439 fr	the causes and on	
220. SIGNATURE Taw.	M.E	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNET
22c. PHYSICIAN'S Wylie M. Faw,	Jr., M.D.	22d. ADDRESS	122 S.Centre	Street
NAME (Type)	ENFRANSOM	EXXEREKXEXST.,	CUMBERLAND,	м
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O		CATION (City, town or count	
REMOVAL (Specify) Burial 9-19-61	Sunset Memo	rial Park Cumb	erland, Md	H-Tay In-
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		STRAR 256. REGISTRAR'S	SIGNATURE
James F. Scarpelli C	umper rand, Md.	DATE OF S	1 Orthug &	Hrand .

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7		9746		CERTIFICA	E OF DEA	IH			001	00
1	PLACE OF DEATH	1			2. USUAL RESID	ENCE (When	e deceased lived, If	institution: Reside	137	
Y	e. COUNTY	MY		MARYLAND	e. STATE MAR	YT. AND	b. COUN	ALLEGA	NY	
-	b. CITY OR TOWN (if outside corporete limi	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOY	VN (If outside	corporete limits, writ-		Br 1 100	n)
	Write RURAL end	give neerest town)		6 hrs. & 10		BERT AND		1.1		
-		decrease dr. same.	if not in hos	pitel, give street eddress)	d. STREET ADDR			2 30	l e. IS RE	SIDENCE
							TOTACITA	1	ON	A FARM?
14	SACRED NAME OF	HEART First		Middle	Last	4. DAT	N PLACE	h Day	YES	LAM
Ŭ.	DECEASED (Type or print)					OF				
-		CLAF		F.	GREEN	DEF	DIL.	PTEMBER 2		
3.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	87	9. AGE (In yeers lest birthdey)	Months Deys	Hours	Min.
	FEMALE	WHITE	WIDOWE	D IVORCED	BAKKAKI 4-	18-97	74 yrs.	7.1011113	110013	741111.
10	e. USUAL OCCUPAT one during most of wo	ION (Give kind of work orking life, even if retire	10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State	, or foreign country)	12. CITIZEN	OF WHAT C	OUNTRY?
	HOUSEWIFE		-		WEST VI	RGINIA	Rio ·	U.S.	. A .	
13	. FATHER'S NAME				14. MOTHER'S MAI					3-3
	ROBERT LE	TYPYE TE			Mary M.	Conar	d			
	. WAS DECEASED EV	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Address		-	
1	es, no, or unkown) (I	fyes give werordates of s	ervice)	None	CHART					
-	18. CAUSE OF D	EATH [Enter only one	couse per l	ine for (e), (b), end (c).)	OTHER		\	LIN	TERVAL BET	WEEN
		H WAS CAUSED BY:	P	hable Pul	an oran a (C	Brouch	de la la	0	NSET AND D	EATH
	110.1	IMMEDIATE CAUSE (a)	10,-1	700	menory	0107001	- gowe			
	160	DUE TO				0	inoma			
	Conditions, if eny	10)				Carc	inour			
	(e), steting the u	DITE TO								
	couse lest.) (c)								
0 N	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEA	ASE CONDITION GIV	/EN IN PART 1(e)		RMED?
CERTIFICATION									YES	NO 汉
RTIFI		AS UNDERLYING [] CAUSE OF DEATH	20b. DES	CRISE HOW INJURY OCCUR	ED. (Enter neture of injur	y in Pert I or P	ert II of item 18.)			
		MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Ye		,	LACE OF INJURY (Home		(City or town)	(County)		(Stete)
MED	Hour e.m.	19	While et wor		iciory, sireer, office brug.	, 610.)				
			al V atten	ded the deceased from	9/5/61	19	10 9/27	196/	that (I) (we) last
		sed alive on	1/26	19, and th	at double assured :	150	rom the source	and on the	data state	d above
	22e. SIGNATURE	sed alive oil	<i>f</i>	, and m	ai dealli occured a	113	Tolli tile causes	and on the c	22h	DATE/
	ZZe. SIGNATORE	The de	7	00	ATTENDING	MED. DIRECTOR	STAFF PHYS.		al.	SIGNED
	22c. PHYSICIAN'S	11-10	176	y Ja.	M.D. PHYS.	DIRECTOR	∐ гигэ. ∐		-1/3	7/6
	NAME (Type)	Tan U Tan	r Tag	M D.	1,5	6 N C	ontre Str	ant		/
_		Leo H. Le		M.D.	42		entre Stro		15.	
23	REMOVAL (Specify)		1033	1					(5)	iele)
_	Burial	9-29-6	I	1	Cemetery		mberland			
24	FUNERAL DIRECTOR		÷ 0	ADDRESS			GISTRAR 256. RE			
	James F.	ocarbeki	L Cu	mberland, Md	DAT	CCT 4	'61 a	rethur & The	uc4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete death by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

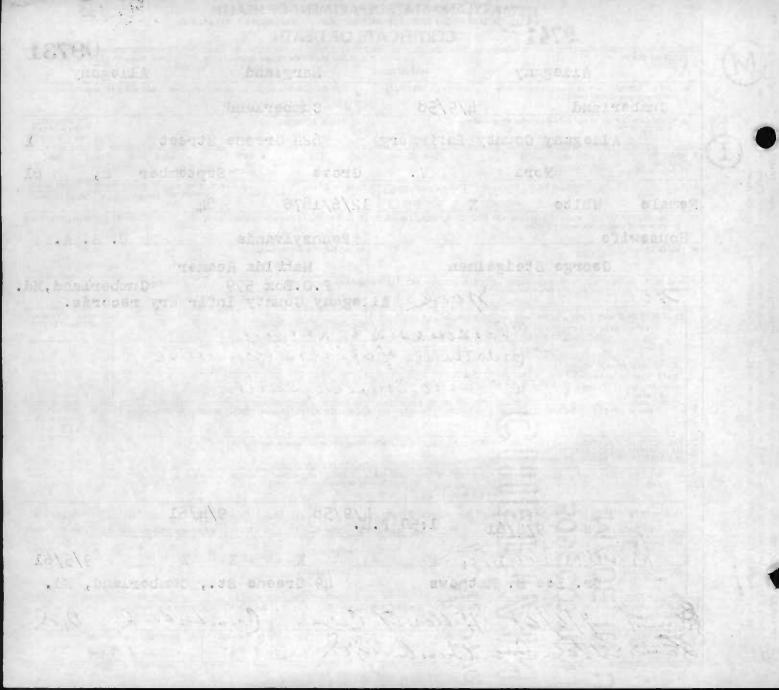
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

s surange . If wild pri dee H. Lar, Let, T. 1. Birthl stones, St. Wity Semitery Comberlend, Mi.

VR A15 (4) 15M 9/59

	STATISTICAL RESEARCH	DEPARTMENT OF HEALTH H AND RECORDS — BALTIMORE 1, MARYLAND CATE OF DEATH
0 : 47	CERTIFIC	AIE OF DEATH
		2 HISHAL RESIDENCE (M/h dd lived 16 inst

		CONT	CERTIFICA	TE OF BEATH		00204
	PLACE OF DEATH			2. USUAL RESIDENCE (WH	here deceased lived. If instituti	ian: Residence befare admission
	a. COUNTY	Allegany	MARYLAND	d. STATE Mary L.	and b. COUNTY	Allegany
	 CITY OR TOWN (I RURAL and give no 	f autside carporate limits, writ	c. LENGTH OF STAY IN 1b		autside carporate limits, write R	RURAL and give nearest tawn)
	Cumber		4/9/58	U2 Cumbe:	rland	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, give stre		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	A	Liegany Cou	nty Infirmary	624 G:	reene Street	YES NO T
	NAME OF DECEASED (Type ar print)	First Nora	Middle V	Grove	4. DATE MOR	
5. 9	SEX		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
F	emale ·		OWED DIVORCED	12/6/1876	last birthday) 841 yrs.	Manths Days Haurs Min.
10a	. USUAL OCCUPATIO	ON (Give kind of work dane Iting life, even if retired)	06. KIND OF BUSINESS OR INDU		ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Housewif			Pennsylva	ania	U. S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
		George Steig			lda Reamer	
15. (Yes	WAS DECEASED EVER	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT P.O.BO:	x 599 Add	""Cumberland, Md
	10		none A	Llegany Com		y records.
		TH [Enter anly ane cause per TH WAS CAUSED BY: (1)	F)			INTERVAL BETWEEN ONSET AND DEATH
	15.10	IMMEDIATE CAUSE (a)	precupul	e of keel	ellus	
	134	DUE-10-(2)	arthrile of	Speue, d	exception	
	Canditians, if as gave rise to in			A/ 1	0	
	cause (a), stating		arterio-Su	Exercy, Sea	410.	
_	lying cause last.) (c)			- Auditor	
CATION	PART II. OTH	ier significant condition	IS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in 1	Part I ar Part II af item 18.)	
AL	20c. TIME OF INJUR		d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	, 20f. (City ar tawn)	(Caunty) (State)
MEDIC	Haur a.m. p.m.	Wh	6-	ctary, street, affice bldg., etc.		(Cashiy) (Sidile)
	21. I certify tha	t (I) (this hospital) atte	ended the deceased from.	11/9/58 19		, 19, that (I) (we) last
	saw the deceas	ed alive on 9/11/6	51 10 1:50 hop	Teath occurred at	M. from the causes ar	nd on the date stated above.
Ш	22a. SIGNATURE					22b. DATE
	_ K:19	ateacteen	nai	M.D. PHYS. MI	ED. STAFF RECTOR X PHYS. X	9/5/61
83	22c. PHYSICIAN'S NAME (Type)	D D D	35-11	22d. ADDRESS	a a l	
	TV/INE (Type)	Dr. Lee B.	Mathews	49 Gree	ene St., Cum	berland, Md.
	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c NAME OF CEMETERY C	DR CREMATORY	23d. LOCATION (City, town,	or caunty) (State)
A	went	1/6/6/	Therewas	(em	(number	- ma
24.	FUNDE DIRECTOR	SSIGNATURE	ADDRESS	MAC	- 7 104	STRAR'S SIĞNATURE
7	,	green un	- (sembo,	DATESE	P7 '61 an	thur S. Kraus



director. Page for your files.

TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. He pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any electrometry.

VS. A15ME 5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINED'S CERTIFICATE OF DEATH

	9749	AL EXAMINER	3 CERTIFIC	AIL OF L	EATH	OOMOO
1. PLACE OF D	EATH		2. USUAL RESI	DENCE (Where dece	esed lived, If institution	na Resident Def remarksion)
e. COUNTY	Allegany	MARYLAND	a STATE	aryland	b. COUNTY	Allegany
	WN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpore	ote limits, write RURAL	end give neerest town)
Cumbe	rland give neerest town)	2 yrs.	02 Cumb	erland.		
The said and the said of the s	HOSPITAL OR INSTITUTION (if not in he		d. STREET ADD	RESS	185	e. IS RESIDENCE ON A FARM?
164 N	. Centre St., A	pt. # 2	164	V. Centre	St. Ap	t. 2 YES NO X
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey Yeer
(Type or print)	Rosella	Ruth	Hastin	JS OF DEATH	Sept.	2, 1961
5. SEX	6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED	8. DATE OF BIRTH		AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Female	White widow		Sept. 7.	1912	48 yrs. Months	Deys Hours Min.
10a. USUAL OCC	of working life, even if retired)	KIND OF BUSINESS OR INDUS				CITIZEN OF WHAT COUNTRY?
Sales-		mens dress s	shop Pun:	ksutawney	Pa.	U. S. A.
13. FATHER'S NA			14. MOTHER'S MA			
	exander Reid			beth Hun	ter	
	(n) I (If yes give we ror detes of service)	S. SOCIAL SECURITY NO. 17.			Address Cul	mberland, Md
No.	2:	32-26-9285 Th	omas K.	Hastings	164 N. C.	entre St
	OF DEATH [Enter only one cause per					I INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	CORONARY OCC	MOTON		۸.	ONSET AND DEATH
4 4	IMMEDIATE CAUSE (e)	CONONANT OCC	LUBIUN			SUDDEN
	DUE TO	CODONADY CCI	EDOCTO			
Conditions,	fany, which) (b)	CORONARY SCL	EKO212		*	
	mmediete ceuse		11 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ine underlying					
cause last.) (c)	NUTRICAL TO DE L'ELL RUIT L	07.051.4.750.70.7115.7	PAULAL DISSAGE OF		
PART II.	OTHER SIGNIFICANT CONDITIONS CO	NIRIBUTING TO DEATH BUT N	IOI RELATED TO THE I	ERMINAL DISEASE CO	INDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED?
*						YES NO XX
PRIMARY	or CONTRIBUTING	RIBE HOW INJURY OCCURED.	(Enter nature of injury	n Pert I or Pert II of ite	om 18.)	
	EATH.					
2Dc. TIME O		and the same of th	ACE OF INJURY (Home		r town) (C	ounty) (Stete)
Hour	at we	THE THINK	ctory, street, office bldg	, erc.)		
	fy that I took charge of the re		old on Autonox C	lossestine D	, Inquiry X.	
						and in my opinion
death resu	Ited from: Natural causes X	, Accident , Sui	icide, Homic	ide, Unde	termined manner	
	0) .	011.	CHIEF MEDI	CAL EXAMINER		
ACTUAL	: Benedict x	XI. tore lead	M.D. ASSISTANT	MEDICAL EXAMINER		DATE SIGNED
SIGNATUR	e je villous x) CHO CLEE		DICAL EXAMINER X	- 9	Sept. 2. 196
NAME (Typ	D Cl A	tarelic M.D.		eet, city, town, or cou	m. 44 0	Cumb. Md.
	MATION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	N (City, town, or coun	try) (Stete)
Buria]		Circle Hil	1 Cemeter	y Punxsu	tawney, P	enna.
23. FUNERAL DI	RECTOR	ADDRESS	240.	REC'D BY REGISTRAL	R 24b. REGISTRAR'S	SIGNATURE
H. Way	ne George Cuml	berland, Md.	DAT	SEP 5 '61	C Thurs	9 4
					-UAST	a. / WALLE

THURS IN THE STATE OF THE STATE - Duelrandet E . Art s on in the second of the second The Land Back Film balds Donale & Mating Co. . Life and the second of the state of the second of the se

MA	RYLAND STATE DEPARTMENT OF H	EALTH
DIVISION OF STATISTICAL RES	SEARCH AND RECORDS, 301 W. PRESTON ST	TREET, BALTIMORE 1, MARYLAND
9743	CERTIFICATE OF DEATH	0090

-					
1. PLACE OF DEATH					tution. (air e colb (or edmission)
Allega	m57	MARYLAND	a. STATE	land b. COUNTY	Allegany
b. CITY OR TOWN (if o	utside comorate limits	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	
write RURAL and gi	ve neerest town)	c. ELICOTI OF STAT IN ID	C. C	outside corporate lilitis, with No	TAL GIRD SIVE HEGICAL TOWN?
La Vale		Life	X La Vale		
d. NAME OF HOSPITAL	OR INSTITUTION (if not in h	nospitel, give streat addrass)	d. STREET ADDRESS		a. IS RESIDENCE
Comed II	Lacut Magnital		IO55 Natio	onal Highway	YES NO W
Sacred H	Heart Hospital	Middle	Last L	4. DATE Month	Dey Yeer
DECEASED	11131	Middle	Ldai	OF	Dey teer
(Type or print)	Imanda	M. Hebe	rle	DEATH Sept	4 196I
5. SEX 6	. COLOR OR RACE 7. MARE	RIED NEVER MARRIED 18	. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
-	Willow WIDOV		1 07 7004		onlhs Deys Hours Min.
100. USUAL OCCUPATION	MATTICE		4-21-100	1 80 yrs.	12. CITIZEN OF WHAT COUNTRY?
done during most of working	ng life, eyen if retired)	KIND OF BUSINESS OR INDUSTR	1 11. BIRIMPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY!
House	refl		Germany		11. S.A
13. FATHER'S NAME	A		14. MOTHER'S MAIDEN I		
	-	-	91 12		
15 WAS DECEASED EVED	Schu	Labo V and	Marten	and the same	
(Yes, no, or unkown) (Ifye		6. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
			Chart of Pt8s		
18. CAUSE OF DEA	TH [Enter only one couse pe		VIII O VIII I OUVE		INTERVAL BETWEEN
	WAS CAUSED BY:	cl - 0	1 11	-12.0	ONSET AND DEATH
IM/	MEDIATE CAUSE (0)	Chrome 9	Dugistine 14	nast & mound	6 4105
1450	DUE TO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Α .		
Conditions, if eny,	which) (b)	Underen	elevers 9	energy sel	
gave rise to immediate	DITE TO	7			
(a), stating the unde	irlying				The state of the s
cause last.	J (c)			A DISTAGE COMPUTION OF THE	THE STATE OF THE S
PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
¥					YES NO .
PART II. OTHER SI		ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	Part I or Pert II of item 18.)	
OR CONTRIBUTING [CAUSE OF DEATH				
20c. TIME OF INJURY Hour a.m.	Month, Day, Year 200		CE OF INJURY (Home, ferm ory, street, office bldg., etc.)		(County) (State)
Y p.m.		rork at work			
	.,	-1-1-1	2-71	106- 10 0 11	, 19. Ce, that (1) (we) last
saw the deceased	alive on	194. and that	death occured at. 2.	thom the causes an	d on the date stated above.
22a. SIGNATURE			ATTEMPING	IED STAFF	22b. DATE SIGNED
	100 1	Jan. W		NED. STAFF	SIGNED
22c. PHYSICIAN'S	wella- 1'		22d. ADDRESS		
NAME (Type)	DR LIP TAME	SIM. D.	LLI N	ORTH CENTER STR	TAIRIE
	DITE MAN . TTE TOP	Ja Ma Da			
23a. BURIAL, CREMATION	1, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stete)
MOVAL (Specify)	9/9/6/	Dreamo	and (em.	Cumberl	and Ma
A FUNDAL DIRECTOR'S	SIGNATUR	ADDRESS	250. REC	D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
THE DIRECTOR'S	11 - 0	0/	MI		2 4
y ames	com one	- i wit.	DATES	2 / 167 arthu	of S. Flraus

EE 3.4 Housenfle glw to total LA Start Light of the said End 199/11 Summer Con Contract Mrs. Then seem some the many in the second

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
N OF STATISTICAL	RESEARCH	AND RECORDS F	SALTIMORE 1 MAD

		DIVIS	ION OF	CER1			F DEA		MORE 1,	MARYL	AND	00	HO	A	
1.	PLACE OF DEATH a. COUNTY	Llegany		M	ARYLAND	2. USU a. S	AL RESIDENCE	-	ere decease		If institution		nce befor		sian)
	b. CITY OR TOWN (I RURAL and give no Cumber 1		its, write	c. LENGTH OF S		0.0	TY OR TOW		utside carp	-	ts, write RL	JRAL and	give nea	rest tawr	1)
	d. NAME OF HOSPIT	AL (If not in hospital, grainia Av	give street			d. S	TREET ADDR	RESS	irgi		Ave.				FARM?
3.	NAME OF DECEASED (Type or print)	Fi	rst	Mie	ddle S.	п	Last		4. DATE OF DEATH		Mont		Do;		Year 19 6 1
S.	SEX	6. COLOR OR RACE	-	PIED X NEVER MA		B. DATE	eron OF BIRTH		1	9. AGE	Se]				ER 24 HRS.
		White	WIDOW		RCED		. 20,	18	190	lost b	pirthday)	Manths	Days	Haurs	Min.
	L'ema Le	N /Give kind of work	dane 10h							cauntry)	,	12.CIT	IZEN OF	WHAT	OUNTRY?
	Housewif	ing life, even if retired)	Own Hom	e	(Cumbe	rla	nd.	Md.			USA		
13.	FATHER'S NAME				3571	_	OTHER'S MA								
	John	Lindeman					Cv	nth	ia D	est.	lehai	ISPT			
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17. I	NFORMAN		11 011	La D	00.0.	Addr				
("	n O	(If yes, give war ar dates of t	ervice)		F	Edgar	r E.	Her	on.	Cumb	perla	and.	Md.		
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and									INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	1)	12	12	ces	2-1-2	-ca	co					EI AND	DEATH
	Canditians, it a	DUE TO		Pare	cer	02	ica	9	120	les	us		4	em	219
	gave rise to i cause (a), stating lying cause last.							0							
CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT REL	ATED TO THE	ETERMI	NAL DISEA	SE COND	ITION GIV	EN IN PA	RT 1(a) 1	PERFC	AUTOPSY ORMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter	nature af inj	ury in F	Part I ar Pa	art II af ite	em 1B.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. I While at war		20e. Pl fo	ACE OF I	NJURY (Ham et, affice bld	e, farm lg., etc.	, 20f. (Cit	ty ar tawr	٦)		(Caunty)		(State)
		it (1) (this haspita sed alive an					ccurred a								
1	22a. SIGNATURE	lang?	J	mre	4		TENDING YS.	ê ME		STAF	(3-1-1				b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Dr. Clay	E.	Durrett	M.D.		236 V	irg	inia	Ave	e., (Cumb	erla	and,	Md.
23	BURIAL, CREMATIO REMOVAL (Specify) BURIAL	9-29-6		23c. NAME OF C		R CREMA	TORY		23d. LOCA	ATION (C	ity, town, o	r county)		(Stai	
24	FUNERAL DIRECTOR		-	ADDRESS					D BY REGIS		25b. REGIS			E	
	James F	. Scarpel	li,	Cumberl	and,	Md.	DA	TE OC	T 4 '	61	and	Jun 8	there	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The 4 may be retained by the hospital or attending physician.

S TO FUN. AL DIRECTOR: After this certificate has been signed by the attending physician and complete the funeral director, page 3 should be detached for use as the burial-transit permit. Then plates, remove carbon papers, gages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

DIVISION	of STATISTICA	L RESEA	CERTIFICAT	•		, BALTIMO	RE 1, MAR	YLAND 25	
1. PLACE OF DEAT a. COUNTY ALL	EGANY	- 90	MARYLAND	a. STATE	ENCE (Where do	eceased lived, If i b. COUN		ANY	dmission)
b. CITY OR TOWN write RURAL en	(if outside corporete limited give neerest town)	its,	c. LENGTH OF STAY IN 16 4 DAYS		'N (If outside corp	porata limits, writa	RURAL and give	naarast tov	vn)
d. NAME OF HOSP			spitel, give street address)	STREET ADDRE	:55			ON	A FARM?
3. NAME OF DECEASED	First		Middle	Lest	4. DATE	Month	Dey	Yea	ır
(Type or print)	ADAM		H.	HERSH	DEATH	SEPT	28	19	61
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED E	. DATE OF BIRTH	9	. AGE (In yeers lest birthdey)	IF UNDER 1 YEAR		R 24 HRS.
MALEM	WHITE	WIDOW	ED DIVORCED	A RIL 5/18	379	82 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of worl	k 10b. l	CIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (C	County & Stete, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY
Mecha		, ,		PENN	SYLVANIA	1	U.S.	Λ.	
13. FATHER'S NAME				14. MOTHER'S MAID	DEN NAME				177
ELEC HE	RSH			Am	elia Ha	hn			
	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	S and the Land	Address			
No	(11) 63 9 1 7 0 14 0 1 0 1 0 1 0 1 0 1 0 1		14-05-4415 P	ATTENT'S CH	ART				
	DEATH [Enter only one		line for (e), (b), end (c).]	, /				ITERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	C	meeline he	out fail	me		2	Zun	rollen
420.1	7 DUE TO			0				1	
Conditions, if en	y, which) (b)	a	tunkesti.	lent dose	ion		- 6	men	May
geve rise to immed	diete ceuse								
(a), stating the ceuse lest.	undarlying (c)	A.	ulind arter	mlani			F**	254	ers
			NTRIBUTING TO DEATH BUT NO		RMINAL DISEASE	CONDITION GIVE	EN IN PART 1(e)	19. WAS	AUTOPSY
9								YES T	NO I
200 ACCIDENT V	VAS UNDERLYING	20b DF	SCRIBE HOW INJURY OCCURED). (Enter neture of injury	in Pert I or Part I	l of item 18.)	1	100	TIES
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)			, , , , , , , , , , , , , , , , , , , ,					
			INJURY OCCURRED 20e. PL/	CE OF INJURY (Home,	form 1 20f (Cit	y or town)	(County)	1	(State)
20c. TIME OF INJ Hour a.m.	OK! Monin, Dey, 1e	Whil	e Not While fac	tory, street, office bldg.,		y 01 10 w 11)	(County)		(31010)
21111	19	eł wo	Incend		1				
		3 5	nded the deceased from.						
saw the decea	sed alive on	-25-	194/, and that	death occured a	tM, fron	n the causes	and on the c		
22a. SIGNATUR	Karing			ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22	b. DATE SIGNE
22c. PHYSICIAN'S		MGS		22d. ADDRESS	THE STREET	CIRVIL			
REMOYAL (Specifi	TION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	or crematory Memorial	23d. LOC	ATION (City, tow		ııd.	Stata)
Burial 24 FUNERAL DIRECTO	Oct. 2	1.70.	L Rest Lawn			TRAR 25b. REG			
La Men	N. Lee	sle.			OCT 3 '61		Chan S. Kra		
V		1	Hyndman	IPA. DATE	4010	- Cu	4, 1000		

MARYLAND STATE DEPARTMENT OF HEALTH

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Hyndana?Pa.

FOR STATE HEALTH DEP TO DEPU. (MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fur director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9745 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before edmission)
X	o. COUNTY ALLEGANY MARYLAND	. STATE WEST VIRGINIA COUNTY MII	VERAL
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest lown)
1	Cumberland DOA	Rt. # 1 Ridgeley,	5 x · 3
21	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	Memorial Hospital DOA	Nr. Short Gap,	YES NO NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
1		NER Bept. 6	1961
٦.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1) Months D	
	Male White WIDOWED DIVORCED	May 17, 1917 44 yrs.	eys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY		EN OF WHAT COUNTRY?
	done during most of working tife, even if relired) Textile employee Celanese Fibres	s Elkins, W. Va. U.	S. A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Wade T. Isner	Daisy B. Tallman	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
	Yes., no, or unkown) (Ifyesgivewerordelesofservice) 17-10-1857 Mrs	s. Ruth Isner Rt. # 1 Ridge	eley, W. Va
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ASPHYXIATIO	N	5 Min
	825X DUE TO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Conditions, if eny, which (b) Laceration	and Maceration of Trachea	5 Min
	geve rise to immediate cause		
	(e), sleting the underlying cause last.		
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
)	OE -		PERFORMED?
	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E)	nter neture of injury in Pert I or Part II of item 1B.)	YES NO
	PRIMARY or CONTRIBUTING	nier neture of injury in real for rait if of flem 15.)	
	AllTomoni	e Accident	
		CE OF INJURY (Home, farm, ' 20f. (City or town) (Country, street, office bidg., etc.)	ty) (Stete)
1	11:15.m. Sept 6 1961 et work al et work Rt.	51 Spring Gap Alle	eg. Md.
	21. I certify that I took charge of the remains described above, hel		
	death resulted from: Natural causes Accident X, Suici	de , Homicide , Undetermined manner	
	7, 7,	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE SIGNATURE ARCHITECT	DEPUTY MEDICAL EXAMINER N Sept. 7.	1961
	EXAMINER'S NAME (Type) Benedict Skitarelic, M.		
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stete)
1	Burial 9/9/61 Restlawn Mem		
1	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	H. Wayne George Cumberland, Md.	SED 4 1 204	
1	and the state of t	DATE Shell of arthur &	Krous

DEFEND. DOA . TO THE PROPERTY. Tomber Land 100 L 20 L 20 L Memorial Rose turing - DOA 107 17. 2027 de Estate and the service of the servic BRARTES .. CYTERE Tonck . Women and the light sea, in the case of the light and the Incorrection and Incorporations of President Automobile Accident Id . Repla cap matigs Id . R . N . Te . Io & seed & . HI Land to the state of the state .bk darfradath darfand ad.

funeral the day and papers. and cor please e attending p removal, certificate has been signer use as the burial-transit prior to burial, cremation, prior

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physician

been signed by the

attending physici

the hospital

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may be retaine DIRECTOR: Pe

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After this þ

death

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH RESIDENCE What decaasad lived, If institution and near admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) writa RURAL and giva nearest town) FROSTBURG. MD. CUMBERLAND, HOSPITAL HOSPITAL (if not in hospital, giva streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 60 LINDEN STREET. YES NO X XEWARWICK & MEMORIAL AVENUES Middle 4. DATE DECEASED OF SEPTEMBER 22, 196L (Typa or print) WILLIAM M. DEATH JENNINGS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last, birthday) Months MALE WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? & Stata, or foreign country) dona during most of working life, even if retired) VIRGINIA U. S. A. RETIRED MINER COAL MINES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ERVIN **JENNINGS** ISABELLE BOYCE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrage (Yas, no, or unkown) | (If yes giva war or dates of sarvice) MEMORIAL HOSPITAL - CUMBERLAND, MD. 214-01-3763 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH Tracken with metertonis to Rt. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDIT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED?

NO Z

CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.)

20c. TIME OF INJURY Month, Day, Yaar

Not Whila Whila at work at work

20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) factory, straat, office bldg., etc.)

(County)

(Stata)

Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from.....

saw the deceased alive on.. 22a. SIGNATURE

19.4. and that death occured at

PHYS.

22b. DATE SIGNED

19.6.1, that (I) (we) last

22c. PHYSICIAN'S NAME (Type)

VAN ORMER A .

22d. ADDRESS

S. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county)

23a. BURIAL, CREMATION, | 23b. DATE THEREO! REMOVAL (Spacify) BURIAL

23c. NAME OF CEMETERY OR CREMATORY F'BG. MEMORIAL PARK

M.D.

PHYS.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

arthur & House

the causes and on the date stated above.

OF VR A15 (4) 15M 9/60

FUNER

ector,

ADDRESS

FROSTBURG, MD.

DATE SEP 2 6 '61

DIRECTOR

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AMERICAL PROPERTY DISCHART LA PROPERTY

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X EITHY 3JY

20. 1.WEC . 1183

MEST VIRGINIA

134 ELLE CYCE

FROSTEURS, NO.

TUBRIE VERNIL OF

THE ST. 18 1-15-8

Jamilans September 22, 1.41

STREAM - CHARLE MESTER - CHARLENAM, NO.

Allower Hopping of the language

MA STELL WHEN THE WARRENCE WAS A STELLE WAS

DR. M. A. WAN CONER 120 CONTROL ST., CONSIDERING, NO.

. N. S. N.

The street of th

Y. Jula

CUMBERLAND, ELOTIAL HOSPITAL

FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funding the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funding director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

177.9 MEDICAL EYAMINED'S CERTIFICATE OF DEATH

9745 MEDIC	AL EXAMINER	JUNITUA	IL OI DLAIII	00228
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed lived, If institu	ion: Kesidence before edmission)
•. COUNTY Allegany	MARYLAND	e. STATE	rland b. COUNTY	Allegany
b. CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 16	11	(If outside corporete limits, write RUR	
write RURAL end give neerest town)		V		
Cumberland Route #1	20 Years	Cumberla		I e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in	nospitel, give street eddress)	d. STREET ADDRESS		ON A FARM?
				YES NO A
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) Woodrow	Kenneth	Johnston	DEATH Sept	16 19 61
		B. DATE OF BIRTH	9. AGE (In yeers IF Ut	
		Torr 0 7072	last birthdey) Mor	nihs Deys Hours Min.
	b. KIND OF BUSINESS OR INDUSTR	Vov 9,1913	441	2. CITIZEN OF WHAT COUNTRY
done during most of working life, even it retired)	s. Kind Of Boshiess Ok Indosti	NI III. DINIII EN CE (DIDIC	of foreign country)	
Laborer Tri State Ro	ffing Company	Marylar	id	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Jonas Johnston		Rosanna	Starkev	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Route #1
(Yes, no, or unkown) (If yes give we ror detes of service)	214-07-1031 Mr	rs. Beatrice		mberland, Md
NO 18. CAUSE OF DEATH [Enter only one cause		. Deadile	V COMING COM	I INTERVAL BETWEEN
DART I DEATH WAS CAUSED BY		• • • • • • • • • • • • • • • • • • •		ONSET AND DEATH
IMMEDIATE CAUSE (e)	Coronary Scleros	is with Thro	mbosis, Lait	Sudden
420.) DUE TO				
Conditions, if eny, which (b)	Arteriosclerosi	.5		
geve rise to immediate cause				
(a), steting the underlying cause lest.				
	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN	PART I(e) 19. WAS AUTOPSY
Acute Fatty Liver; Ble 200. EXTERNAL CAUSE WAS PRIMARY OF CONTIBUTING 200. CAUSE OF DEATH.	-d: Bb	77 A	1 1	PERFORMED? YES NO 1
Acute Fatty Liver; Ble	scribe How INJURY OCCURED. (Tal III IN IN III
PRIMARY Or CONTRIBUTING	SCRIBE HOW INJURY OCCURED.	Enter herdre of injury in re	in a or ren in or nem is.,	
0		ACE OF INJURY (Home, far tory, street, office bldg., etc.		(County) (State)
Hour a.m. V	work et work			
21. I certify that I took charge of the	remains described above, ho	eld an Autopsy T.	Inspection V. Inquiry	and in my opinion
death resulted from: Natural causes		ide . Homicide		
deally resulted from: Traducal causes	A COLOGIN L. Said	CHIEF MEDICAL		" L
B, 4	80-1-11			
SIGNATURE Denedict	Skitarelie	M.D.	DICAL EXAMINER	DATE SIGNED
EXAMINER'S		DEPUTY MEDICA	AL EXAMINER X Sept. 16	, 1961
NAME (Type) Benedict Ski	tarelic, M.D.	Address (Street,	city, town, or county) Cumber	cland, Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or c	ountry) (Stete)
Burial 9/19/61 23. FUNERAL DIRECTOR	Greenmount Ce		Cumberland C'D BY REGISTRAR 24b. REGISTRA	Maryland AR'S SIGNATURE
	mberland Mary			& Kraus
	Tierly	Total SE	P 1 9 '61 Grahm	d. Hall

The Landau of the Corner of th Tan introduction in the state of the state o Lemon with the secretary Park M. Silons Tombard and Management Lines of the Management of t

TOR STATE HEALTH DEPT.

is necessary, director, Page your files. TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		7.39
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	idence before edmission)
ALLEGANY MARYLAND	STATE Maryland All	e ranv
b. CITY OR TOWN (if outside corporate fimits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1		
Cumberland 1 Day	Rural near Oldtown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
Sacred Heart Hospital	Route #1	ON A FARM?
3. NAME OF First Middle		Dey Yeer
(Type or print) WALTER FRANCIS	KIFER DEATH September 1	4. 19 61
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Feb. 18, 1892 69 yrs. Months Day	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		N OF WHAT COUNTRY
Railroader Bethlehem Steel	Co. Oldtown, Maryland . U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	De me
Howard Kifer	Mary Jane Stump	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ifyesgivewerordetesofservice)		Bayard Ave.
	owell Kifer. Baltimore. Maryland	(22)
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	West made of bat officers raty tand	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCI	USION	ONSET AND DEATH
420.1 DUE TO COMPANY 8-3		
Conditions, if eny, which \ (b)	rosis with Thrombosis, Left	24 Hrs.
geve rise to immediate cause (a), stating the underlying DUE TO		
cause lest. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1	
Myocardial Hypertrophy, Marked; Mese	ntania Thrombosis to	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Myocardial Hypertrophy, Marked; Mese 20s. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of Item 18.)	1 110
PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County	r) (State)
Hour e.m. While Not While p.m. 19 et work et work	actory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above,	held an Autopsy . Inspection . Inquiry . a	and in my opinion
	icide , Homicide , Undetermined manner	and in my opinion
double resulted from: Indicate causes in Academ .		
ACTUAL Benedict Skitarel	CHIEF MEDICAL EXAMINER	
SIGNATURE SIMULACE SEMATEL		DATE SIGNED
EXAMINER'S NAME (Type) Remediat Chritanalia M.D.	DEPUTY MEDICAL EXAMINER Sept. 11, 1	
NAME (Type) Benedict Skitarelic M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, lown, or county)	id, Mdsfale)
Burial 9/16/61 Ebenezer Net	hodist Cem. Near Romney, W. Va.	
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	IATURE
Wohn J. Hafer, Cumberland, Maryland	DATE 829 18'61 arthur 8	Kana

THE COUNTY OF THE STATE OF THE Contraction of the second second DELT US II . BE 15 : Commenced the second of the deposit of the second of the second of the second of The state of the transfer of the state of th The state of the s . The state of the 上海上的四一 [7] [3] form I. Have, Suchessing, sould I med

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

9750

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Allegar	ıy	MARYLAND	CTATE	(Where deceased lived. If institution: Land b. COUNTY	ALLegany
RURAL and give	(If outside corporate lim nearest tawn) Priand	its, write	7/20/60	0	(If autside carporote limits, write RUR, perland	AL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	Allegany	_	dress) Tnfirmar	d. STREET ADDRESS	Newhampshire A	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		pert	Middle WEST	Kline	4. DATE Month OF DEATH Septembe	Pay Year 1961
s. sex	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1/7/1878		UNDER 1 YEAR IF UNDER 24 HRS Aonths Doys Hours Min.
10a. USUAL OCCUPAT during most af wo Retired: 13. FATHER'S NAME	ON (Give kind of work orking life, even if retired Dairyman Millard F	ı) I	ND OF BUSINESS QR INDU)airy	Virgini 14. MOTHER'S MAIDE	la (Page Co.)	12. CITIZEN OF WHAT COUNTRY U. S. A.
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI	RCES? 16. SC	OCIAL SECURITY NO. 17. II	NFORMANT P.O.F.	Box 599 Address	Cumberland, Me
Conditions, if gove rise to couse (o), stoting lying couse lost	g the <u>under</u> DUE TO	of Re	lereo set		exoliva, Sceed	-e
PART II. O' O	THER SIGNIFICANT CON	IDITIONS <u>CO</u>	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	erminal disease condition given	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	10	0.75	URY OCCURRED 20e. PL Not while		rin Part I or Port II of item 18.) farm, 20f. (City or town) etc.)	(County) (State
	nat (1) (this hospital ased alive an 92	refice	19 Saff Phare	M.D. ATTENDING M.D. 22d. ADDRESS	MED. STAFF PHYS. CC	9/15/61
23a. BURIAL, CREMATI REMOVAL (Specify Burial	9/17/61	OF	23c. NAME OF CEMETERY C			Maryland
24. FUNERAL DIRECTO Ruth E.		Cumbe	ADDRESS rland Mary			AR'S SIGNATURE

2 2 2 2 2

Amiriadisco 00/05/7 Amiriadisco

ALLEGENY COLLEY PATHYMEY SAL NOWARDSHIP AVO.

Albert wednesdes saling december in.

No.10 White X 1/7/1878 33

Rothed: Detaymen Dairy Vistinia (Page Co.) W. S. A.

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9/10/61 B 5:10 F.K.

ACCUMENTATION OF THE RESIDENCE OF THE PARTY OF THE PARTY

Dr. Ise B. Mathews ... IS Greens St., Cuthorifeld, Md.

and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If a. COUNT) e. STATE b. COUNTY ALLEGANY r the nd 2 eath. MARYLAND by th b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) FROSTBURG CUMBERLAND DAYS .5 -29 within d. STREET ADDRESS e street eddress MEMORIAL HOSPITAL CHARLES STREET completely executed 3. NAME OF First DATE Middle DECEASED OF DEATH (Type or print) ANTHONY LA PORTA carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AT IN AGE (In years | IF UNDER 1 YEAR lest birthday) and MALE WIDOWED | 6-18-1903 certificate even physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY remove BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) OWN SHOP BARBER FROSTBURG. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding ANTHONY LA PORTA SADIE BOLLINO aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, no, or unkown) | (If yes give war or detes of service) MEMORIAL. HOSPITAL - CUMBERLAND . MD . 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). physician. þ PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) cremation, burial-fransit DUE TO affending been Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying lei, has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION hospital as use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 둳 OR CONTRIBUTING [] CAUSE OF DEATH for the (IF EITHER, NOTIFY MEDICAL EXAMINER Affer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While MEDI Hour a.m. et work et work may be retain DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from . C. saw the deceased alive on. should ATTENDING GNATURE 22e. MED. STAFF DIRECTOR PHYS. M.D. rector, page PHYSICIAN'S death. Pa 22d. ADDRESS NAME (Type) GEORGE ALGONQUIN HOTEL, CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Specify) O F B F'BG. 22-1961 MEMORIAL PARK H 256. REC'D BY REGISTRAR 256. REGISTRAR 254 FUNDRAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) SEP 2 5 15M 9/60 FROSTBURG. MD.

-1 S. Thays

de ce before admission)

e. IS RESIDENCE

YES NO

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO DE

(State)

22b. DATE

(State)

SIGNED

19 (i) (we) last

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

ALLEGANY

Day

Deys

U. S. A.

(County)

Months

2000 (11 10 - 11) 2 COL 1 CSOL 1 N.S.

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ALTON AL YUNDHILL

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BERRY TO SEPRENCE OF THE PARTY OF THE PARTY.

A KILLLEY PROBIBURG, MD.

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BUND IN

3752	CERTIFICATE OF	DEATH		09742
DIVISION RESTATISTICAL	RESEARCH AND RECORDS, 301 CERTIFICATE OF	W. PRESTON	STREET, BALTIMORE	1, MARYLAND
	MARYLAND STATE DEPART	IMENT OF	HEALTH	

A 100					
17	PLACE OF DEATH a. COUNTY		ICE (Where deceased lived, If		ore edmission)
1	ALLEGANY MARYLAND	a. STATE MARY	YLAND b. cou	ALLEGANY	
-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b		(If outside corporate limits, wri		town)
	write RURAL end give nearest town) CUMBER LAND 30 DAYS	CLIME	BERLAND		
1	d. NAME NEHOSETAL OR INSTITUTION (If not in bosoital, give street eddress)	d. STREET ADDRESS			IS RESIDENCE
	MEMORIAL HOSPITAL	DT	#2, WILLIAMS		ON A FARM?
3	NEWF OF First Middle	Lest	4. DATE Mon	TOAU .	Yeer
	DECEASED (Type or print) CHARLES HARRISON	LITTLE	DEATH SEPTE	MBER 12.	19 61
) -	CHARLEO	. DATE OF BIRTH	9. AGE (In year		NDER 24 HRS.
1			last birthday)		
-	MALE WHITE WIDOWED DIVORCED	9-2-1873	88 yrs.	1 12. CITIZEN OF WH	AT COUNTRY
	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	II. BIRTHPLACE (Cou	inty & State, or foreign country	12. CHIZEN OF WH	AT COUNTRI
	Conductor B&O RR	MARYLANE		U. S. A	•
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
	NIMROD LITTLE	LOTTIE	Alkire		
		INFORMANT	Addres	S	
1,	No.	EMORIAL HOSE	PITAL - CUMBER	LAND, MD.	
-	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]		4		L SETWEEN
	PART I. DEATH WAS CAUSED BY:	mula 1	Li. wit	2	ND DEATH
	IMMEDIATE CAUSE (e)			3	1
	SSIX DUE TO G	1 A. I.	0	~	Section in
	Conditions, if any, which geve risa to immadiete ceuse	7 chan	Travers		
	(a), steting the underlying DUE TO				
	ceuse lest. (c)	OT DEL ATED TO THE TERM	UNIAL DISEASE CONDITION OF	VENTINI DADT 1(-) L 10 W	AS ATITOPSY
CFRTIEICATION	PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NO	OI RELATED TO THE TERM	INAL DISEASE CONDITION GI	P	ERFORMED?
1				YES	NO
TIE	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH). (Enter nature of injury in	n Pert I or Part II of Item 18.)		
14C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fer		(County)	(State)
MEDICAL	Hour a.m. While Not While at work et work	ior,, ander, office blug., et			
1	21. I certify that (I) (this hospital) attended the deceased from.		19, to 9 / /	2 , 19.6./, that ((I) (we) las
1	6112 -11	death occu2:55			
	saw the deceased alive on	dealli occured ak	Hom me causes		22b, DATE
	17	ATTENDING	MED. STAFF PHYS.		SIGNEL
	De Ausigan's Jeff Morrow	A.D. PHYS.	PIRECION PHIS		
	NAME (Type)		IN HOTEL CHAP	EDIAND NO	
-	DRE GEORGE M. SIMONS		1 23d. LOCATION (City, 1		(Stata)
2	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)				(Stata)
	Burial 19/15/61 Greenmount Ce		Cumberland		
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. RI	SEP 1 8 '61 25b. R	Turbun S. Thank	
	John J. Hafer, Cumberland, Maryland	DATE	SET . O O.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part may be retained by the hospital or attending physician.

\$ > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The fours after death.

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Joseph J. Laterry Consumeration, Newscard

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9753 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) b. COUNTY

1	ALLEGANY	MARY	LAND	MARYLA	ND	b. COUNT	ALLEGA	NY	
1 6	. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (I	If outside corporete I	imits, write	RURAL end give	nearest tow	n)
1	write RURAL and give neerest town) CUMBERLAND	6 DAYS		CUMBER	LAND				
	I. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospital, giva street addre	ess)	d. STREET ADDRESS					SIDENCE
1				DT 41	, VALLEY	DAAD			A FARM?
4	MEMORIAL HOSPITAL			The second second				1	ио 🗶
	NAME OF First DECEASED	Middle		Last	4. DATE OF	Month	Day	Year	
(Type or print) DARY	L A.	1	MANGES	DEATH	SEPT	EMBER :	30 19	61
5.	SEX 6. COLOR OR RACE 7.	MARRIED X NEVER MARRIE	B. D.	ATE OF BIRTH			IF UNDER 1 YEAR		
	111117	IDOWED DIVORCE	ADE	IL 17, 193	3 2	8 yrs.	Months Days	Hours	Min.
	USUAL OCCUPATION (Giva kind of work	10b. KIND OF BUSINESS OR	INDUSTRY 1	1. BIRTHPLACE (Coun	ty & State, or foreig	n country)	12. CITIZEN	OF WHAT	OUNTRY?
	e during most of working life, even if retired)	Olambe Choo	Cton	MARVIAND		CITA	U.S.	A	
	AZARUS SHOE DEPT.	Clerk-Shoe		MOTHER'S MAIDEN		AND	0.3	o M o	
1,0.			14.	ETHEL HOE					
1	JOHN MANGES			LINEL HOL					
	WAS DECEASED EVER IN U.S. ARMED FORCES , no, or unkown) (Ifyes give war or dates of serving			ORMANT		Address			
1,100	no	725-09-142	2 MEMO	RIAL HOSPI	TAL - CUM	BERLA	ND, MARY	YLAND	
	18. CAUSE OF DEATH [Enter only one cal	per line for (e), (b), and (c).]	in				ITERVAL BET	
	PART I. DEATH WAS CAUSED BY:	60.	1	(V1210			٩	NSET AND I	DEATH
	IMMEDIATE CAUSE (e)	vicinia	are.					The same	1/2
	415 X DUE TO				~			70	2 1
	Conditions, if any, which (b)							19	40
	geve rise to immadieta ceuse (a), steting the underlying DUE TO				-			V	
	cause last. (c)								1
Z	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	H BUT NOT RI	LATED TO THE TERMIN	NAL DISEASE COND	ITION GIVE	EN IN PART 1(e)	19. WAS A	UTOPSY
151					_			YES T	NO A
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TI 20	Db. DESCRIBE HOW INJURY	OCCURED (Fr	tar nature of injury in	Part I or Part II of ite	m 18.)		[]	(E)
ERT	OR CONTRIBUTING CAUSE OF DEATH	OB. DESCRIBE HOW HOOK!	OCCORED. (EI	-	1011 1 01 1 01 11 01 110	,			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Day, Year	While Not While		OF INJURY (Home, farm street, offica bldg., etc		wn)	(County)	0 .	(State)
WED	Hour a.m.	While Not While at work			Lumh	estan	eflect	co 11	Lot
	21. I certify that (I) (this hospital)	attended the decease	from H	17/55	191 - 10 91	30/2	/ 19	that (I)	we) las
	7/	70/11			.45 P.M.		and on the		
1	saw the deceased alive on	7. 6. J 19, a	nd that de	ath occured at!!		causes a	and on me		DATE
	11/1/1/1/1/	4)				AFF		221	SIGNED
	MININA	my	M.D.	Bac.	DIRECTOR PH	YS.			
	DALE (Type)			22d. ADDRESS				4.410	_
	DR. R. J. WI	LLIAMS		122 5. 0	ENTRE STE	EET,	CUMBERL	AND, N	D.
	BURIAL, CREMATION, 236. DATE THEREO	F 23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	(City, tow	or county)	(5	tete)
1	Bil rial 10-4-196	Sunset	Memor	ial Park	Cumber	land	. Md -		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	HIC HIOL		C'D BY REGISTRAR	25b. REG	ISTRAR'S SIGN.	ATURE	
24	James F. Scarpelli,		. Md.		104	(10	Mun S. Hr	ALL	
	Tamos B Scarnelli.	Ominet Talle	7/1/4	DATE	01 9 01				

d in by the funeral The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houndeath. Par a may be retained by the hospital or attending physician.

TO FUNEARL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, after death. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI

9754	CERTIFICAL RESEARCH AND CERTIFICAL	TE OF DEATH	IMORE 1, MARYI	097	43
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W Maryland		If institution: Residence ATTega	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	its, write RURAL on	nd give nearest town)
Lonacoming d. NAME OF HOSPITAL (If not in hospitol, give stree		Lonaco	ning		
OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENC
Rockville Str	eet	R	ockville	Street	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Day Year
(Type or print) WILLIAM	н.	MARTIN		20/1961	19
S. SEX 6. COLOR OR RACE 7. MAR	THE PART MARKIED	B. DATE OF BIRTH	9. AGE	(In years IF UND birthdoy) Month	DER 1 YEAR IF UNDER 24 I
Male White WIDOW		12/8/1884	7	6 yrs.	s Doys Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)		CITIZEN OF WHAT COUNT
Retired Miner Coal	l Mine	Lonaco	ning	MD.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Matthew Martin		Rebecca	Hill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17. IN	FORMANT		Address	
	None M	rs. Sarah	Martin,	Lonaco	ning, MD.
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]	IW)	FE),		INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY:	Chronic	Mucham	litic		ONSET AND DEAT
14221 IMMEDIATE CAUSE (o)		1490001	,,,,		3/20/3
Conditions if you which \	Altonia	alerosis			5 Year
gove rise to immediate	111/21/0-3	CIETUSIS			0,0,
couse (o), stating the <u>under-</u> lying couse lost.					
(c)	CONTRIBUTING TO DEATH BUT I	NOT PELATED TO THE TEPA	UNIAL DISEASE CONI	DITION GIVEN IN F	PAPT 1/0) 10 WAS AUTO
E I TAN II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO DEATH BUT I	NOT KED TO THE TERM	MARE DISEASE COINE	ON GIVEN IN	PERFORMED
H CO. ACCIDENT MAS IN INSTRUMENT IN 1971 OF	CONTRACTOR OF CONTRACTOR		Death a Bast Haf S	19 \	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	rom i or rom ii or ii	rem 16.)	
Hour o. m. While	£4	CE OF INJURY (Home, far tory, street, office bldg., e		n)	(County) (S
∑ p. m. 19 of wo	ork ot work				
21. I certify that (I) (this haspital) attemption	ded the deceased fram.	Mar. 10, 1	58, to 500	7. 20 , 19	(a), that (1) (we)
21. 1 certify that (1) (this haspital) attentions the deceased alive on	ded the deceased fram.	Mor. 10, 15	M, from the c	7.20 , 19 auses and an	
	1961, and that de	eath occurred at	M, fram the c	auses and an	
saw the deceased alive on	1961, and that de	eath occurred at	AED. STAPHY	auses and an	the date stated abo
saw the deceased alive on	1961, and that de	A.D. PHYS. 22d. ADDRESS	M, fram the control of the control o	auses and an	the date stated about 22b, DAT 22, PS
saw the deceased alive on	23c. NAME OF CEMETERY OF	A.D. ATTENDING PHYS. 22d. ADDRESS	ALED. STANDIRECTOR STANDIRECTOR PHY	ent, W	the date stated about 22b, DAT 22, PS
saw the deceased alive on	In M.D.	A.D. PHYS. 22d. ADDRESS R CREMATORY 250. REC	M, fram the control of the control o	ent, W	the date stated about 22b, DAT 22, PS 6, P

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funeral pluods within 24 hours after by the and 2 death. d in l completely executed papers. carbon certificate be and event physician гетоме attending à physician. certificate has been signed by the burial-transit affending the hospital or use as prior After this etached DIRECTOR: pluods may FUNE ector, 8 di 0 8 VR A15 (4)

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CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution: Rasidance before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) CUMBERLAND DAYS OLDTOWN d. NAME OF HOLEMORT ALT TOWARD ICERP STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X HOSPITAL 3. NAME OF Middle 4. DATE Month Day DECEASED OF (Type or print) DEATH 1961 **JOHN** THOMAS MC ATEE SEPTEMBER 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Davs Hours MALE WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) OLDTOWN, MD. Trankman. Retired U. S.A. W. Md. RR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN MC ATEE HESTER NEUSE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyasgivawarordatesofservice) Yes MEMORIAL HOSPITAL -CUMBERLAND. MD. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata causa DUE TO (a), stating the undarlying causa last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(ALL 19. WAS AUTOPSY PERFORMED? NO 3 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUBED. (Enter netura of injury in Part II of Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f (CUM or town) (County) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... 19 .19....., and that death occurs 30at. saw the deceased alive on. from the causes and on the date stated above. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS RICHARD 122 S. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) Oldtown Methodist Cemetery Oldtown, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cittur & Hours John J. Hafer, Cumberland, Maryland

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VR A1S (4) 1SM 9/S9 24. FUNERAL DIRECTOR'S SIGNATURE
H. Wayne George

	DIVISIO	MARYLA ON OF STATIST	TICAL RESEARCH A	DEPARTMENT AND RECORDS — B	OF HEAL	TH MARYLAND		
	0750		CERTIFICA	TE OF DEA	TH		OOMA	-
1. PLACE OF DEATH a. COUNTY	Allegan	J	MARYLAND	a. STATE	E (Where decease	d lived. If institution b. COUNTY		aamissian)
b. CITY OR TOWN RURAL and give	(If autside carporate limits,	, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN	(If autside corpo	orate limits, write RUF	write RURAL and give nearest town) e. IS RESIDE ON A FA YES \(\) N Manth Day Yea tember 6, 19 years IF UNDER 1 YEAR IF UNDER 2 haday) yrs. 12.CITIZEN OF WHAT COL U. S. Address Cumberland Mary records. INTERVAL BETWONSET AND DE	
	erland	8,	/3/61	02 Cum1	perland			
d. NAME OF HOS	PITAL (If nat in haspital, giv	e street address)		d. STREET ADDRE			e.	IS RESIDENCE
		ounty :	Infirmary	705	Maryla	nd Avenu	9	YES NO NO
3. NAME OF DECEASED (Type ar print)	First	0	Middle	last Miller	4. DATE OF DEATH	Manth	Day	Year 19 61
S. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years III		
Female		WIDOWED 🔀	DIVORCED [1/4/1882			Manths Days I	Hours Min.
loa. USUAL OCCUPA	TION (Give kind af wark do arking life, even if retired)	ne 10b. KIND O	F BUSINESS OR INDU	JSTRY 11. BIRTHPLACE	State ar fareign c	auntry)	e. IS RESIDEN ON A FAR. YES \(\) NON A FAR. YES \(HAT COUNTRY?
Housey		Own	home	Marv	land	d lived. If institution: Residence before admission) b. COUNTY Allegany Protect limits, write RURAL and give nearest town) e. IS RESIDENT ON A FARM YES \(\) NO Manth Day Year 9. AGE (In years life UNDER 1 YEAR IF UNDER 24 lost birthday) yrs. Manths Days Hours Manths Days Hour	Q A	
3. FATHER'S NAME				14. MOTHER'S MAII			U.	D. A.
g	homas O'Ne	11		Ma	nganat	Monen		
	VER IN U. S. ARMED FORCE	SP 16. SOCIAL	SECURITY NO. 17. H	NEORMANT P.O.	Box 599		Cimberl	and Md
No 1	(If yes, give war or dates of serv		CARLES OF THE STATE OF THE STAT					
Canditians, if gave rise ta cause (a), statin lying cause las	g the under-	artes	io-Solar	sir, E	cichs	A delices	lin	
PART II. O	THER SIGNIFICANT CONDI	TIONS CONTRIB	JTING TO DEATH BUT	T NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIVEN		PERFORMED?
THER, NOTIF	VAS UNDERLYING 21 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIBE HO	W INJURY OCCURRE	ED. (Enter nature af inju	ry in Part I ar Par	t II af item 1B.)		
20c. TIME OF INJU Haur a. m p. m	. 10		CCURRED 20e. PL	ACE OF INJURY (Hame actary, street, affice bldg	, farm, 20f. (City	ar tawn)	(Caunty)	(State)
saw the dece	nat (1) (this haspital) ased alive an 9/6		deceased fram.	8/3/61 Media accurred at	. 19 , .ta_	9/6/61 the causes and	19, that an the date s	(I) (we) last tated abave.
22a. SIGNATURE	ee 13.74	estur.	1 X.	M.D. ATTENDING PHYS. 22d, ADDRESS	MED. DIRECTOR	STAFF PHYS.	9/	22b. DATE SIGNED 7/61
NAME (Type)	Dr. Lee B.	Mathe	ws		Greene	Street,	Cumber	Land, Mo
23a. BURIAL, CREMAT REMOYAL (Specif			AME OF CEMETERY O			TION (City, tawn, ar		(State)

25a. REC'D BY REGISTRAR
DATESEP 1 1 '61

25b. REGISTRAR'S SIGNATURE

arthur S. Hrays

Cumberland, Md.

SERVE ... Maryland bralgany Cumberland 8/3/54 Cumbertand Allegeny County Inflicate 705 Manyland Lyanim Rose C. Miller September 5. Famete White M State 79 Housewife Con some Maryland . A . B . D Margaret Moran Cumbertand, Hd. Though Ciakin . Afterent County Including reserve. 9/6/61 = 2:30 9.8. Dr. Lee E. Hatbard . Seed Street, Cumberland, Md. Charles and the second of the second that the second that the second the second that the second of t

	LAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If ins

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1. PLACE OF DEATH o. COUNTY	llegany		MARYLAI		JSUAL RESIDENC D. STATE	E (Where decease Md.	ed lived. If institut b. COUNTY	ion: Reside	nce befo	re admissi	ian)
b. CITY OR TOWN (II RURAL and give ne Rural-Ba	f outside corporate lime earest tawn)	ts, write	c. LENGTH OF STAY IN 77 Yrs		c. city or town	-	orote limits, write l	RURAL and	give ned	irest tawn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g Mi. N.E.				d. STREET ADDRE	ss I.E. Bar	ton				IDENCE FARM? NO [
3. NAME OF DECEASED (Type or print)	Charles	st	Middle Washington	Mo	Last Ore	4. DATE OF DEATH	Sept Mo		20	,	Year 19 61
s. sex Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED		lar. 5,18	884	9. AGE (In years lost birthday) 77 yrs.	Manths	R 1 YEAR Days	Hours	Min.
during most of work	DN (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR I		Maryla	nd	cauntry)	12.CI	U.S.		OUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIL		43.				
Henry Mod		CES? 16.	SOCIAL SECURITY NO.	17, INFOR		Duckwo		dress			
	(If yes, give war or dates of					W. Moo:	re-Barton	. Md.			
Conditions, if a gove rise to it cause (o), stoling lying cause lost. PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY)	the under-	o) c) iditions <u>(</u>	CONTRIBUTING TO DEATH					IVEN IN PA	ART 1(a)	PERFC	AUTOPSY DRMED?
1 .	MEDICAL EXAMINER)		CRIBE HOW INJURY OCC							W.	
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While			OF INJURY (Home street, office bldg		ty ar tawn)		(Caunty)		(State
21. I certify tha	at (1) (this haspita	l) attend	ded the deceased fro								
saw the decease 22a. SIGNATURE	Miam (VX	19, and the	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF	nd an th	he date		b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	illiam W	Lesh			Western	nport, M	d.				
23a. BURIAL, CREMATIC REMOVAL (Specify)	9/22/61	OF	23c. NAME OF CEMETE Moore Cem.		EMATORY		ATION (City, town, r-Barton			y-Md.	
24. FUNERAL DIRECTOR	's SIGNATURE		ADDRESS Westernport	t, Md.		RECEPT PECH	STRAR 2Sb. REG	STRAR'S S	SIGNATU	RE	

3.0380		OPTIES)	
S. Villetine			was the
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	All Charles and Co.		of W. rustin
. May a file no	entand in S	The second	navers from

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessory, please execute the cificote, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral directar. Page 4 should be farwork to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your for the Chief Poge 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registration to buriol, cremation, or removal.

F	ř
VS.	A15ME(5)
51	1 9/55

		MARYLAND S MEDICA	TATE DEPARTME L EXAMINER'S	CERTIFICA	H-BALTIN	ATH O	9747	
_	0:	750				Reg	, Dist. Na.	
7	PLACE OF DEATH	legany	MARYLAND	2. USUAL RESIDENCE (Where deceased live	ed. If Institutions Reb. COUNTY	sidence before	admission)
T	b. CITY OR TOWN (If outside or and give nearest town)	orporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporate	limits, write RURAL	and give near	est town)
H	Cumber		VIKS.	CRR 19 A	ANVILL	E, 1110		IC BECIDENICE
	d. NAME OF HOSPITAL OR I	l Hospital-		d. STREET ADDRESS				IS RESIDENCE ON A FARM? ES NO
13	NAME OF DECEASED (Type or print)	MES RANS	Middle Middle	Last MURPHY	4. DATE OF DEATH	Month SEPT	Doy	Year 19 61
5	10 - 11-		NEVER MARRIED . B.		9. Ac	GE (In years IF UNI	DER TYEAR IF	UNDER 24 HRS.
1	Oa. USUAL OCCUPATION (Give	e kind of work done 10b. Ki	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Store	or foreign country	yrs. 12.	CITIZEN OF W	HAT COUNTRY?
		EXATOR FE	-LOSTEN TREN	SWANTE	NOARRE	TTOMO	11.0) /+
ľ	3. FATHER'S NAME	- M		14. MOTHER'S MAIDEN	Ma			
H	5. WAS DECEASED EVER IN U	S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT.	A- 1117	ER		
	YES (11 yes, g)	ive war or dates of service)	20-10-1600 M	is Hattic	a mark	hy Corris	anciell	le mos
Γ	18. CAUSE OF DEATH [Ent					0	INTERVAL ONSET AN	BETWEEN ND DEATH
ı	PART I. DEATH WAS	CAUSED BY: ATE CAUSE (o)	CORONAR	Y OCCLUSI	ON		S	UDDEN
	420./ Conditions, if any, wh		CORONA	RY SCLERO	SIS			
	gove rise to immediate co (o), stating the underlyi couse lost.							
1000	PART II. OTHER SIGN	VIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE CON	NDITION GIVEN IN	f	WAS AUTOPSY PERFORMED?
10121	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION CAUSE OF DEATH.	20b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Po	rt I or Port II of ite	m 18.)		
The state of the	20c. TIME OF INJURY N Hour o. m. p. m.	Nonth, Day, Year 20d. It While 19 of wor	Not white factor	E OF INJURY (Home, farr ry, street, office bldg., etc	n, 20f. (City or to	wn)	(County)	(Stote)
	21. I certify that 1 to death resulted from:		Accident , Suid	ve, held an Autops ide, Homicide		ction , Inq ermined cause	_	and find that
	ACTUAL SIGNATURES OF	reduct x	Carelia	_M.D. CHIEF MEDICAL E			D	ATE SIGNED
	EXAMINER'S NAME (Type) Be	nedict Skit	arelic, M.D	ASSISTANT MEDICAL DEPUTY MEDICAL		Sept. 7	7, 196	1
L	20. BURIAL, CREMATION, 22b REMOVAL (Specify)	110/6/	MURPHY	RURA	L SWAN	(City, town, occount	RETT	(Stote) Ce MD
2	3. PUNERAL DIRECTOR'S SIGN	4	trocks Mel	240. REC DATE	1 3 '61	24b. REGISTRAR'S		

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FOR STATE HEALTH DEPT.

director. Page for your files. Boar State TO DEP T. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any clease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fit 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, file death,

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DOMA 8

1. PLACE OF DEAT	ГН		2. USUAL RESIDEN	ICE (Where dec	cased lived, If			dmission)
A A	LI EGA NY	MARYLAND	a. STATE West	Virgini	b. COUN	Miner	/ For	
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN					25
Cumber	nd give neerest town)	0.77				X		<
	PITAL OR INSTITUTION (if not in ho	2 Hrs.	d. STREET ADDRESS	er Route	#4	200	l a. IS RES	CIDENCE
		spilot, give allest address;						FARM?
Memoria	al Hospital		Box 48, Net	w Creek	Drive		YES	NO X
3. NAME OF DECEASED	First	Middle	Last	OF			Yeer	
(Type or print)	GEORGE		ORTHCRAFT	DEATH	Septemb	er 3.	19 (61
5. SEX	6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED B	. DATE OF BIRTH	9.	AGE (In yeers	IF UNDER 1 YEAR		
Male	White WIDOW		lovember 25,	1931	last birthday) 29 yrs.	Months Days	Hours	Min.
done during most of w	TION (Give kind of work 10b. !	CIAIN OF BUICHIESE OR MINISTER	14 1 44 DIMMINDS 4 40 40		lry)	12. CITIZEN	OF WHAT CO	DUNTRY?
Guard	A I	legany Ballisti Laboratory	ds Chaneysvi	ille, Pe	nna.	U.S	A.	
13. FATHER'S NAME		Laboratory	14. MOTHER'S MAIDEN	NAME				
Elmer V.	Northeraft		Gertrude 1	Dwoolrow				
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	prockey	Address			
(Yes, no, or unkown)	(If yes givewer or detes of service)							
Yes Caller or	Korean DEATH [Enter only one cause per	Mrs (Mrs	G. H. Nor	theraft,	Rt.L.	Box 48,	Keyser	C.W.V
1411	THE WAS CALLESO BY					1 0	NSFT AND DE	VEEN EATHL
70	IMMEDIATE CAUSE (e)	tracranial H	emorrhage;	Macer	ation	of bra	in 3	Hr
Da.	DUE TO							
Conditions, if en	y, which) (b) Sh	rull Fracture	B				3 H	rs.
geve rise to immed	DUIE TO							
(a), steting the cause last.	underlying (c)							
	ER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIVE	N IN PART I(a)	19. WAS AL	TOPSY
<u> </u>							PERFOR	MED?
S SYTTEMALS	A LIST WAS A LOOK OFFI	None					YES N	10
PART II. OTHI	ONTRIBUTING 🗆	RIBE HOW INJURY OCCURED. (E	nter neture of Injury In Pa	rt I or Pert II of i	tem 18.)			
		Motorcycle o	verturned					
20c. TIME OF INJ		INJURY OCCURRED 200, PLA	CE OF INJURY (Home, farr bry, street, office bldg., etc		or town)	(County)	(5	itele)
6.00 p.m.	Sept 3 19 61 of wor		hway 1 Mi		evsvil	Ta Bed	ford.	Pa.
	that I took charge of the ren						in my op	
	from: Natural causes			_	etermined ma		, ор	1111011
Coom resumed	A Training Causes	D. Suice			stermined in	anner [
ACTUAL	12 1 1	10-1-11	CHIEF MEDICAL					
SIGNATURE	11.101.7/	1 Bilanalia	∠M.D.	DICAL EXAMINE	Land		DATE SIGN	IED
	simular L	HUMBURG						
EXAMINER'S	iniaici L	- www.c	DEPUTY MEDICA	L EXAMINER		.3, 19		
NAME (Type)		tarelic, M.D	Address (Street,	city, town, or co	unty) Cumb	perland		,
NAME (Type) 22e. BURIAL, CREMATI	ON, 226. DATE THEREOF	tarelic, M.D.	Address (Street,	city, town, or co	unty) Cumb	perland		
NAME (Type)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	Address (Street, CREMATORY	city, town, or co	on (City, lown,	or country)	, Md.	
NAME (Type) 22e. BURIAL, CREMATION REMOVAL (Specific	ON, 22b. DATE THEREOF y) Sept. 6, 1961		Address (Street, CREMATORY	city, town, or co	on (City, Jown,	or country)	(Stele)	
NAME (Type) 22e. BURIAL, CREMATI- REMOVAL (Specific Burial 23. FUNERAL DIRECTO	ON, 22b. DATE THEREOF y) Sept. 6, 1961	22c. NAME OF CEMETERY OR Hillcrest Bur ADDRESS	Address (Street, CREMATORY	city, town, or co	Land, M	or country) aryland	(Stele)	

38. HARLEY PARTY OF SALES An extract testing). oweni sleated prof. (2) (200 line) we TO THE TENEDRATE OF THE PROPERTY OF THE PROPER . Augel , other or an action in the view of the Intractantal demorphisms: Macountiton of Comin S Hrm. OMESON TO ASSESS , and & Berrustove elevatored e: 00 - Sept 3 - 61 - E Fighnay 1 Wil. S Changyavillo, octoud, Fa. X24 Clear Water Com . Sert. 5, 1962 Cumhaniand, 186. Heredick Skiberello, M.J. e month. I stayed, to allow the transfer of the control of the con

the state of the

FOR STATE ay is necessary, director. Page may be refair for your files. 2 with the State Board of Health. TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any copiesse execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the full 4 should be forwerded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, end in eny every within 72 hours after death.

VS. AISME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH 09749 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before edmission)
	Allegany	MARYLAND	. STATE Maryland b. COUNTY Al	legany /
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL e	nd give neerest town)
	Lonaconing		Lonaconing	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	East Main Street		East Main Street	YES NO
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month OF	Dey Yeer
	(Type or print) John		Rourke DEATH 2951 2	196/
	S. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER last brithdey) Months	1 YEAR IF UNDER 24 HRS. Deys Hours Min.
	Male White WIDOWE	Inch	ctober 17,1896 64m.	Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
	Retired Rai	lway Clerk	Lonaconing, Maryland	U.S.A.
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	John O'Rourk		Mary Ann Sullivan	
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	SOCIAL SECURITY NO. 17. 1	NFORMANT Address	4
	no	Mr	s. George Eichhorn Lonac	oning. Md.
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), end (c).]	A "Sister" .	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	tured dos	le aneureson	Suddon
	022 X DUE TO	1 1	1	
	Conditions, if eny, which \ (b)	best en	reon	4 Day
	geve rise to immediate cause DUE TO			
	(e), stefing the underlying course lest.			
1	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
	DITA I			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS 20b. DESCRI PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	BE HOW INJURY OCCURED. (E	nter neture of injury in Part I or Pert II of item 18.)	
İ	0			unty) (Stete)
	Hour e.m. While		pry, street, office bldg., etc.)	
	21. I certify that I took charge of the remains	ains described above, he	Id an Autopsy . Inspection . Inquiry	and in my opinion
	death resulted from: Natural causes .	Accident , Suici	de , Homicide , Undetermined manner	
	5		CHIEF MEDICAL EXAMINER	
	ACTUAL AMMETA	no_	ASSISTANT MEDICAL EXAMINER	A DATE SIGNED
	SIGNATURE - COTT	2-0	M.D. DEPUTY MEDICAL EXAMINER SEA	12601466
	EXAMINER'S NAME (Type)	ne mol	Address (Street, city, town, or county)	reigno
	22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		y) (State)
	Burial 9/29/61	St. Marvs Ce	metery Lonaconing.	Md.
	23. FUNERAL DIRECTOR	ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S	
	George Eichhorn Lo	onaconing, M	d. DATE SEP 2 9 '61 Carthur	S. Thous
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9761

CERTIFICATE OF DEATH

09750

1. PLACE OF DEATH e. COUNTY		CTATE	CE (Whara daceasad lived, If	institution: Rasidanca bafora admission)
ALLEGANY	MARYLAND	MARYLAND		LLEGANY
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (ta RURAL end give naarast town)
write RURAL end giva nearast town) CUMBERLAND	17 DAYS	CUMBERLAND	Mente Si	
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street eddrass)	d. STREET ADDRESS		. IS RESIDENCE
MEMORIAL HOSPITAL		OLDTOWN F	OAD DT EN	YES NO
MEMORIAL & WARWICK AVE	S. Middle	Last	POAD, RT. #4.	
DECEASED (Typa or print) CHARL		OSTER	OF	EMBER 11. 19.61
5. SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
	DOWED TO DIVORCED	MAY 21. 1882	last birthdey)	Months Days Hours Min.
10e. USUAL OCCUPATION (Giva kind of work	10b. KIND OF BUSINESS OR INDUSTR		ity & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, avan if retired) Farmer	General Farming	MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
HENRY OSTE	• • • • • • • • • • • • • • • • • • • •		BETH BINGHAM	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivawarordetesofservice)		NFORMANT	Addres	
No		MORIAL HOSPI	TAL, CUMBERLA	ND, MD.
1B. CAUSE OF DEATH [Enter only one caus	e per line for (a), (b), and (c).]	10M	71	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Merlemere L	- V Deser	e with	neven
44-3 X DUE TO	100	70	DA 1.	8
Conditions, if any, which (b)	amila	v Luly	Multon	weeks
gave rise to immediate cause				
(a), staining the underlying				
(c)	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(a): 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION				PERFORMED?
	DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in	Part I or Part II of itam 18.)	
20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Homa, farm		(County) (Stata)
20c. TIME OF INJURY Month, Day, Year Hour a.m.	Whila Not While fact	ory, straat, offica bldg., etc.	.)	
A		Aum	1061 State	11 11 11 100 11
21. I certify that (I) (this haspital)	211	1	30. A - M.	, 19 b. f., that (1) (***) tas
saw the deceased alive on.	7	death occurred at	J.M. from the causes	and on the date stated above
22a. SIGNATURE M. Refu	willer m		MED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S	0 000	22d. ADDRESS		
NAME (Type) DR. B. SCHIN	IDLER	43 GREEN	E ST., CUMBER	LAND. MD.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
REMOVAL (Spacify)		dist Cemeter		erville, Pa.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. RE	
John J. Haf er, Cumberl		DATE	SEP 1 5 '61	O-Tima S. Thatie

COMMON TO STANGE

1.717204 1419) 3

E of Love 1 Kills.

ALE YES STORY STAN

Da. B. SHIMILER

SECTION AND ADDRESS.

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VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9762

09751

1. PLACE OF DEATH	DATE HELDER			2.	USUAL RESIDENCE (WI	here decease	d lived. If instiluti	an: Resid	lence befo	re admissi	an)
a. COUNTY	7		MARYLAND		a. STATE	and	b. COUNTY		7000	2000	
	Legany If autside carporate limi	its write	c. LENGTH OF STAY IN 16	-	c. CITY OR TOWN (If	2000-06	rate limits, write f	10.00	lega:	-)
RURAL and give n	earest tawn)	,		1	/				9		
Rt.2, Fli			Lifetime	1	Flintston	16				e. IS RESI	DENICE
OR INSTITUTION	TAL (If not in haspital, g	live street	adaress)							ON A	FARM?
					Route #2					YES K	ио 🗌
B. NAME OF DECEASED	Fie	st	Middle	30	Last	4. DATE	Mai	nth	Do	ay Y	/ear
(Type or print)	WI	LLIE			PERRIN	DEATH	Septemb	per	8,	1	19 61
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years last birthday)			IF UNDE	
Male	White	WIDOW	ED DIVORCED	4/	8/1879		82 yrs.	Manth	s Days	Haurs	Min.
0a. USUAL OCCUPATION	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	ar fareign c	auntry)	12.0	ITIZEN O	F WHAT C	OUNTRY?
)	General Farmi		Flintsto	no Me	brolama		TIS	٨	
3. FATHER'S NAME	*		deneral raini		4. MOTHER'S MAIDEN		ar yranu		(1)	I.L.	-
	D. D	3					1-				
	ray B. Perr		SOCIAL SECURITY NO. 17.	INISOE	Camelia	Harus		iress			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR Ilf yes, give war or dates of s	ervice)									
No		-	214-32-2888	Wil	bur Perrin,	Flin	tstone, 1	id.			
18. CAUSE OF DE.	ATH [Enter anly one co	ause per l	ine far (a), (b), and (c).]						INT	ERVAL BE	TWEEN DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ce	erebral Hemorr	hag	e					& Day	75
422.1	DUE TO										
Canditions, if	any, which	. Art	teriosclerotic	Car	rdiovascula	r Dise	Pase			Years	3
gave rise to		-	301 1000 1010 010	0	L GLO TOO OULO	2 2 2 2 2 2 2	3000				
cause (a), stating lying cause last.	The under-										
	- '	IDITIONS	CONTRIBUTING TO DEATH B	IT NO	T PELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN P	ART 1(a)	19. WAS /	AUTOPSY
E	MEK SIGNIFICANT CON	DITIONS.	CONTRIBUTION TO DEATH	01110	T RESTED TO THE TERM	III TAL DISLAC	E CONTONION OF			FERFO	KMEDI
<u>V</u>		100 050	COURT HOW IN HURY OCCUR	DED 45		Deat Law Day	4 11 of 14om 10 1			YES 🗌	NU
OR CONTRIBUTING	'AS UNDERLYING 🗍 G 🗌 CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (E	inter nature at injury in	rari i ar ra	T II OT ITEM ID.)				
	Y MEDICAL EXAMINER)			10		- 1					
	RY Month, Day, Ye		INJURY OCCURRED 20e.		OF INJURY (Hame, farr , street, affice bldg., etc		y ar tawn)		(Caunty))	(State)
Haur a.m.	19	While at wa	Nat while	,	,,						
		1)	ded the deceased fram	5	8+ 5 10	11 .	ept 8	10	41 1	hat (1) (we) last
	6	21	7 10/a/	1.016	h accurred a 23						
22a. SIGNATURE	sed alive are		J 1902 , and that	deat	n accurred at	M, from	the causes a	na an	rne dar		b. DATE
22d. SIGNATURE	1'4 01	4				AED.	STAFF PHYS.		0/0/	111	SIGNED
Leen	auci SR	car	LL(C)	M.D	22d. ADDRESS	IRECTOR _	PHYS.		9/9/	61	
22c. PHYSICIAN'S NAME (Type)	DELEDERA	ATTT	74 D 77 1/ D								
	BENEDICT	SKI	CARELIC, M.D.		[Cumber]	land,	Maryland				
23a. BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR C	REMATORY	23d. LOCA	TION (City, tawn,	ar caunt	y)	(Stat	e)
REMOVAL (Specify	9/11/61		I.O.O.F.	Cem	eterv	FT	intstone	Mar	rylan	d	
24. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS			D BY REGIS			SIGNATU	JRE	
Talan	T Hofon C	mha	rland, Marylan	7	DATE C	EP 13	101				
John	J. Haler U	mine1	Land, Mary Lan	u	DAIL 3	FIJ	DI	1	8 45		

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The law requires that the death certificate be executed within 24 hours after ed in by the ges 1 and 2 after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Refer to retained by the hospital or attending physician. TO FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OPEN

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1. PLACE OF DEAT				2. USUAL RESIDEN		sed lived, If instit	tution: Residence	e before admission)
	ALLEGANY		MARYLAND	a. STATE MAR	YLAND	b. COUNTY	ALLE	JANY
b. CITY OR TOWN	(if outside corporete limits, d give neerest town)		c. LENGTH OF STAY IN 16	CITY OR TOWN	(If outside corporet	e limits, write RU	RAL end give n	eerest town)
FRO	STBURG, RT.	1	LIFE	FRO	STBURG,	RT. 1.		
	ITAL OR INSTITUTION (if no		pital, give street eddress)	d. STREET ADDRESS				a. IS RESIDENCE ON A FARM?
								YES NO X
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Dey	Year
(Type or print)	GEORGE		W.	POR TER	DEATH	SEPT	9.	1961
5. SEX	6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. A	GE (In years IF (IF UNDER 24 HRS.
MALE	WHITE W	IDOWE	D X DIVORCED	MAY 22, 18	75 8	birthdey) Mc	onths Deys	Hours Min.
10e. USUAL OCCUPA	TION (Give kind of work orking life, even if relired)	10b. K	IND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (Cou	nty & State, or fore	ign country)	12. CITIZEN O	F WHAT COUNTRY
TO THE TOTAL STATE OF	MINER	CC	AL MINES	MARYL	AND		U.S	.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
JOH	N PORTER			MAHALA	CROWE			
	VER IN U.S. ARMED FORCES		SOCIAL SECURITY NO. 17.	INFORMANT		Address	BOX	241
(1es, no, or unkown)	(If yes give weror detes of servi		32-01-4163	HARLAN POR	TER. FR	OSTBURG		RT. 1
18. CAUSE OF	DEATH [Enter only one cau				,		INT	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	0	cente pry	ocardial	Insu	Uicin	-ay	SET AND DEATH
420.	DUE TO					0		
Conditions, if an		(Coronans.	thrombo	ui.		BIL 0 42	2 hr.
geve rise to immed	diate ceuse					,		
(a), stating the cause lest.	underlying (c)	6	theroge	Cerosia of	Coron	my Ver	sels.	20 mg.
Z PART II. OTHE	ER SIGNIFICANT CONDITIO	NS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TOM	NAL DISEASE CO	TION GIVEN	N PART 1(e) 19	9. WAS AUTOPSY
PART II. OTHE	wirseling	tie,	hypertensis	a confio	vaceu	lan d	wease,	PERFORMED?
		Db. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part II of	item 18.)		
OR CONTRIBUTING	Y MEDICAL EXAMINER)							
ZOc. TIME OF INJ	URY Month, Day, Yeer	20d.	INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, far	m, ; 20f. (City or	town)	(County)	(State)
Hour a.m.		While et wor	1401 17 11110	tory, street, office bldg., etc	:.)			
₹ p.m.	19		ded the deceased from.	Teams	1060 4		10 4	h-t (1) (a) l-a
			-	A				
	sed alive on	1	19. .C./ , and that		M, Irom II	ne causes and	on the da	22b. DATE
220. SIGNATURE	in f. We	e	ters.	I.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
22c. PHYSICIAN'S		TIT	PDC M D	48 BRO	ADMAV	ਜ਼ੁਲੂੁੁੂਨੂਰਯੂਜ਼	TRC M	D
	WINTIN MY		ERS, M. D.			FROSTBU		
23a. BURIAL, CREMA	()	F	23c. NAME OF CEMETERY			ON (City, town o		(State)
BURTAL	9-12-61		F'BG. MEMOR			STBURG		
24 FUNERAL DIRECTO	R'S SIGNATURE		FROSTBURG.		SEP 1 3 '61		Chun S. Ku	
/ //	1111-		TUUO LOUNU	I'ILL A DATE		200	2. 100	

Seit the section of the section of 36 278 6 , 85 TAM 2 - 1 - 36 TAM AVE. U ... COAL PLOTE CONTRACT TAND END OF THE COAL PLOTE COAL PLO 182-01-1916 RANLAR HARLEY, ENGLISHING ID. IN. with the comment of the same of the ALVIE MALIERS, M. D. C. A THE SCHADNAY, PRUBERVIOL ME. A CONTRACTOR OF SECTION OF SECTIO

CERTIFICATE OF DEATH 9764 director, iiled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed COUNTY MARYLAND ofter death. funeral b. CITY OR TOWN (If outside cocasses c. LENGTH OF STAY IN 16 c. CITY OR TOWN corporate limits, write RURAL and give pe RURAL and give neglest town) should NAME OF HOSPITAL (IF hospital, give street address d. STREET ADDRESS 0 NAME OF DECEASED First Middle 4. DATE Lost OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) WIDOWED 1 DIVORCED [C yrs papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (State or foreign country) death ing most of working life, even If retired) puo 13. FATHER'S NAME physician 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO p ony permit. Conditions, if ony, which been signed gove rise to immediate DUE TO cause (a), stoting the underpuo lying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) ficate OR CONTRIBUTING CAUSE OF DEATH the MEDICAL 00 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour o.m. While Not while ot work at work p. m. 21. I certify that I attended the deceased fram. 19.66L, ta __Q__/Y____, 19(c/__,that I last saw the deceased and that death accurred at 600 _M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL pe P shoul PHYSICIAN'S NAME (Type) ന 22b. DATE THEREOF BURIAL CREMATION NAME OF OVAL (Specify 0 FUNITAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. France 9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RESIDENCE ON A FARM?

YES NO

Yeor

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Doy

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

loven

PERFORMED? YES |

NO O

(Stote)

DATE SIGNED

(Slote)

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

or county)

Months

Address

VS A15 (4) 15M 9/55

D HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be read by the haspital or attending physician.

D FUNERAL CRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs ofter death. may be re

		9765		STATISTICAL RESEA	RCH A	EPARTMENT C ND RECORDS — BAL TE OF DEATI	TIMORE 1,					
_		0000	The	Ma R & O F	1107	0207 10/2/	67		-09	175		
1. [PLACE OF DEATH		10	Gills C GC / I	144	2. USUAL RESIDENCE (Where decease		n: Reside	nce before	admissio	n)
		legany		MARY	LAND		land	b. COUNTY	Al	lega	nv	
1		outside corporate limits	, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I		prote limits, write RL			_	750
	Cumberla			48 vear	S	Cumb	perlan	d				
	d. NAME OF HOSPITA	AL (If nat in hospital, gi	e street	address)		d. STREET ADDRESS			1.11	e.	IS RESID	ENCE
	or Institution	ng Ave.				115	Laing	Ave.			ON A F	
3. 1	NAME OF	Firs		Middle		Last	4. DATE	Mont	h	Day	Ye	eor
- 1	DECEASED (Type or print)		ber			Sarver	OF DEATH			25		61
S. S				RIED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years		R 1 YEAR II		
						25 3 267	1902	lost birthdoy)	Months		Hours	Min.
	Male	1111111	WIDOW		_	March 13,	1014	59 yrs.	120.00			
	during most of worki	ng life, even if retired)	one 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPLACE (Sto				TIZEN OF V	VHATCO	DUNTRY?
	Blacksmit	h Helper	R	ailroad		Morganto		.Va.	U	SA		
3.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
/	Sc	ott Sarv	er			Agnes H	Hennes	sey				
		IN U. S. ARMED FORCE		SOCIAL SECURITY NO	17. IN	FORMANT		Addr	ess			
(10.	No	r yes, give wor or onles or se	vice)		M	rs. Vera S	Sarver	, Cumi er	rlan	id, M	d.	
		H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	se per li	lelactors	to	right la	mer l liner	ungle	he		VAL BET FAND I	
	gove rise to in couse (o), stoting t lying couse lost.	mediote Dur TO	Su	uamors (el	Carcinon	a Bron	uchoger	ii	61	wor	ths
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONE	ITION'S	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	,	WAS A PERFOR (ES	
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury	in Port I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	20d. I While of wor	NJURY OCCURRED Not while		ACE OF INJURY (Home, for story, street, office bldg.,		y or town)		(County)		(Stote)
	21. I certify that		attend	ded the deceased		May 5	PM, from			6/, tho		
	22c. PHYSICIAN'S	Mer Re	shl	one		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.				DATE
	NAME (Type)	Dr. Rhet	R.	Rathbone	e,M.	D 122 S.	Centr	e St.,C	ımbe	rlan	d,M	d

230. BURIAL, CREMATION,
REMOVAL (Specify)
BUTLA 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Sept. 28,1961 Davis Memorial

23d. LOCATION (City, town, or county) Cemetery Cumberland,

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

2So. REC'D BY REGISTRAR SEP 2 9 '61

256. REGISTRAR'S SIGNATURE arthur S. Kraus

James F. Scarpelli, Cumberland, Md.

VR A1S (4) 1SM 9/59

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d in by the funeral The law requires that the death certificate be executed within 24 hours after irbon papers. within 72 hours TO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Per the may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hc

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			LAND STATE			DE 4 MARVIAND				
DIVISION	9765	L RESEA	CERTIFICA		TH	09755				
PLACE OF DEATH				2. USUAL RESID		nstitution: Residence before edmission)				
ALLE	GANY		MARYLANI	e. STATE	VIDCINIA b. COUN	TY HAMPSHIDE CO				
	outside corporete limi	te.	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and	give neerest town) ERLAND		I DAY		RT.1.SPRINGFIELD 85x.3					
MEMO	RIAL & WAR	WICK A	pitel, give street eddress)	d. STREET ADDR	ESS	a. IS RESIDENCE ON A FARM? YES NO 🔼				
NAME OF	First		Middle	Last	4. DATE Month	Dey Year				
DECEASED (Type or print)			0.014	05555	OF DEATH	196				
SEX	6. COLOR OR RACE	ABY	BOY	SEEDERS 8. DATE OF BIRTH	9. AGE (In yeers	FONDER TYEAR IF UNDER 24 HRS.				
MALE	WHITE	VIDOWE		9-20-1961	lest birthdey) yrs.	Months Deys Hours				
. USUAL OCCUPATION	ON (Give kind of work		ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
ne during most of work	king life, avan if ratira	d)	none							
FATHER'S NAME			110110	CUMPER LA	NO. NO.	U. S. A.				
144				14. MOTHER S MAI	DELY INVINC					
JAMES E.	SEEDERS				DUCKWORTH					
	R IN U.S. ARMED FOR yas give wer or detes of s		SOCIAL SECURITY NO. 17	. INFORMANT	Address					
				MEMORIAL	LICEDITAL CUMBE	RLAND.MD.				
18. CAUSE OF DI	EATH [Entar only one	couse per	ine for (e), (b), end (c).)	ME MURIAL	HOSPITAL- COMDE	INTERVAL BETWEEN				
	WAS CAUSED BY:	()	es lis sos	sinton	Jachene.	ONSET AND DEATH				
77	MMEDIATE CAUSE (a)		cardo / Off	gu con	7	- 3011				
/ /	DUE TO	/	0 - 10	0 110	10.0					
Conditions, if eny,	which (b)	0	revices	O vern	wening)					
geva risa to immedia	DITE TO				0					
(a), stating the un	derlying									
	SIGNIFICANT CONDI	TIONE CON	ITRIBUTING TO DEATH BUT	NOT BELATED TO THE TE	RMINAL DISEASE CONDITION GIV	EN IN PART 1(a) 1 19. WAS AUTOPSY				
PART II. OTHER	SIGNIFICANT CONDI	110143 COL	INIBOTHED TO DEATH BOT	HOT RECAILS TO THE TE	AMINAL DISEASE CONDITION GIV	PERFORMED?				
						YES NO				
200. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY		20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter neture of injur	y in Pert I or Pert II of item 1B.)					
20c. TIME OF INJUR	Month, Dey, Ye			PLACE OF INJURY (Home fectory, street, office bldg.		(County) (State)				
Hour e.m.	19	While at wor	THOI WHITE			//				
			ded the deceased fro	m 20 54x	196 to 2150	19 , that (I) (we) last				
saw the decease	ed alive on			hat death occurs a	Men, from the causes	and on the date stated above.				
228 SIGNATURE	γ	16				22b. DATE				
Zol	mux ()	VC	auson	M.D. ATTENDING	DIRECTOR PHYS.	268 TG/ SIGNED				

CERTIFICATION MEDICAL 22c. PHYSICIAN'S NAME (Type) DR. LELAND B. RANSOM 22d. ADDRESS NSOM 63
23c. NAME OF CEMETERY OR CREMATORY GREENE ST., CUMBERLAND, MD.

23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Sept. 22, 1961
24 FUNERAL DIRECTOR'S SIGNATURE Springfield Cenetery Springfield, W. Va DATE SEP 2 8 '61 James F. Scarpelli, Cumberland, Md. arthur S. Thous 2.060315 XVO

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J'ES E. SEEDERS

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H. S. ..

PENCOLM HISPITAL CHEEDENING, ID.

DR. LELAND B. PANSON GROOTENE ST., CHMERIANI, IN.

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UTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe-	lificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fi	
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7	2		0.5.5

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Sec.	_										The second second	<u> </u>		
1		PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY A. T. T. COUNTY							usion)
V	1	CITY OF TOWN	Allegany			YLAND	maryland Allegany							
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	_	Cumberland 10 Years						mberl	and					
	Ľ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 58 N. Centre Street				195)	d. STREET		ntre s	Street			ON	SIDENCE A FARM?
1	3.	NAME OF DECEASED	Fin	ŧ	Middle		Los	t	4. DATE	Month		Day	Ye	ear
		(Type or print)	Hel	en	Catherin	e Se	eifert		DEATH	c.Julya		. 2	19	9 63
	5. 9	SEX			ED NEVER MARRIE			1		9. AGE (In years	IF UNDER 1			ER 24 HRS.
		Female	White	WIDOWE			July 1		n	lost birthday) 60 yrs.	Months D	ays	Hours	Min.
	10a	. USUAL OCCUPATIO	N (Give kind of work	ione 10b. I	KIND OF BUSINESS OR						12. CITIZ	EN OF	WHAT	COUNTRY?
	during most of working life, even if retired) Housewife At Home					Pen	na				II.	S. A	Α .	
	13.	FATHER'S NAME				1-	. MOTHER'S	MAIDEN N	AME	Sec. 15.75				
.)		John Li	ne				Sus	san Do	rsey					
)	15.		R IN U. S. ARMED FO		SOCIAL SECURITY NO	. 17. INFO				Address	58	N.	Cent	re St
	(100	No	(if yes, give wor or other or		96-14-5596	J. F	leyden	Seife	ert		Cum		-	, Md
		18. CAUSE OF DEAT	H [Enter only one cau	se per line	for (o), (b), and (c).]							INTER	AND DEAT	EN TH
			H WAS CAUSED BY:		CORONAR	Y OCC	LUSION						UDDE	
٦.	Е.	420.1	DUE TO											
		Conditions, if on	y, which) (b)		CORON	ARY S	SCLERO	SIS						-
	9	gove rise to immed (a), stating the u	iote couse											
		couse lost.	(c).	2011										
	N	PART II. OTH	ER SIGNIFICANT CON	OITIONS CO	ONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO	THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PART	1(0) 19	. WAS A	LUTOPSY
	CATI	10 #59 N										Y	ES	RMED?
1	CERTIFICATION	20a. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS TRIBUTING [DESCRIBI	HOW INJURY OCCU	RRED. (Ente	r noture of ir	jury in Port	l or Port 11	of item 18.)				
	CAL	20c. TIME OF INJUR	Y Month, Day, Yea	20d.	INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form	, 20f. (City	or town)	(Coun	ity)		(Stote)
	MEDICAL	Hour o.m.	19	While		factory,	street, office	bldg., etc.)					
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<		SIGNATURE	en just	SUA!	771200000000000000000000000000000000000	N	LD.		AL EXAMINE	R 🗖				
		EXAMINER'S NAME (Type)	Benedict S	kitar	elic, M.D.				XAMINER [14.	19	61	
	220	BURIAL, CREMATION	V. 22b. DATE THEREO	F	22c. NAME OF CEMET	TERY OR CR	EMATORY		22d. LOCAT	MON (City, town, o	r county)		(Stote)
		Burial	9/16/61		Bedford	Cemet	ery		Bed	lford		Pe	nna	
	23.	FUNERAL DIRECTOR'S			ADDRESS				BY REGIST		TRAR'S SIGN	- 11		
		Ruth E.	Silcox	Cumb	erland	Mary]	Land	DATE	SEP 1 8	61	Tathun 2	1. 16	ANA	1,15

MARYLAND STATE DEPARTMENT OF HEALTH-PALITHADIE, 18 0767 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

policy was a series have I suggest			
	STATE OF THE PARTY		
	CONSTRUCT N		
	Certain L. Co. S.		D. R. C.
ALC: NO PERSONAL PROPERTY OF THE PERSONAL PROP			
TO WHAT I SO W. COMMUNICAL			
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Manager of the same of			Table and the last
			75 763
		E. A. H. E. E. E. A.	
			William T. Britonom
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			March State of the

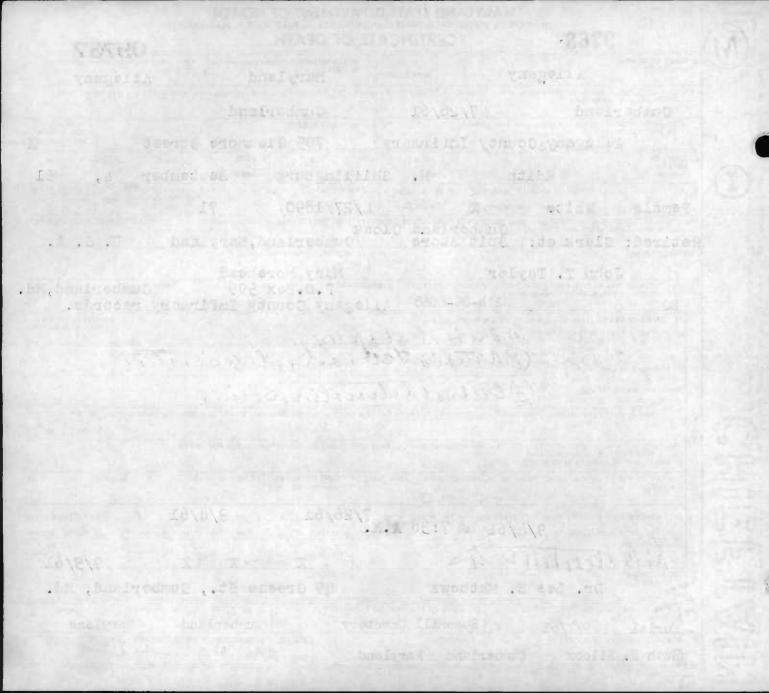
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MARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

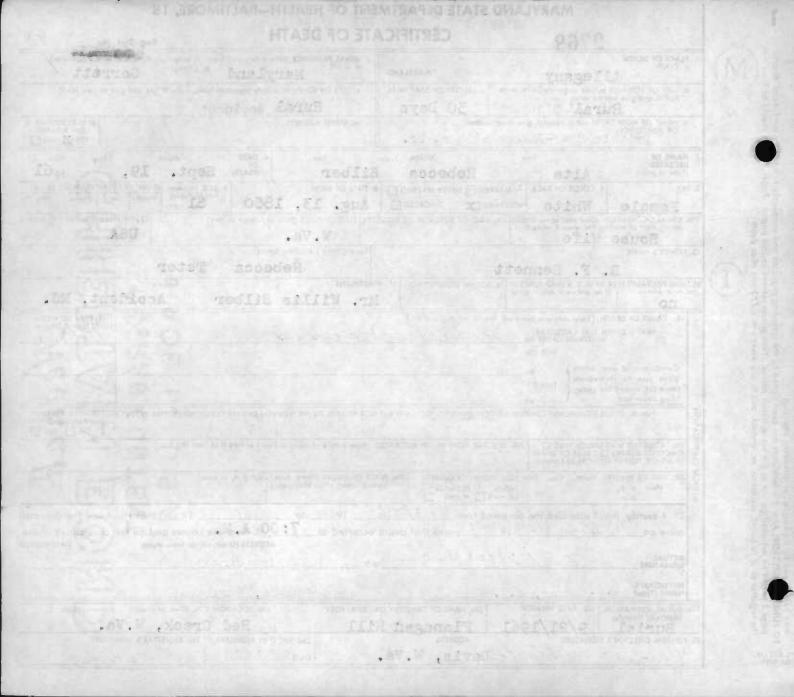
CERTIFICATE OF DEATH

_		7 6 (7 ()	GEIXIII IG/			14757
	PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryls	nere deceased lived. If institution: Reb. COUNTY	ssidence before odmission)
	RURAL ond give ne	•	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RURAL	
	Cumber.		7/26/61	Cumber	rland	
	OR INSTITUTION	AL (If not in hospitol, give street		d. STREET ADDRESS	lanmana Otmost	e. IS RESIDENCE ON A FARM?
_		Llegany Count	V	705 G.	lenmore Street	YES NO X
	NAME OF DECEASED (Type or print)	First Edith	Middle S.	hillingburg	4. DATE Month OF DEATH September	Day Yeor 1961
5. :	SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UI	NDER 1 YEAR IF UNDER 24 HRS
_	Female	White WIDOWE	DIVORCED [4/27/1890	71 yrs. Mon	nths Days Hours Min.
10a	. USUAL OCCUPATIO	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE (Stote	or foreign country)	2. CITIZEN OF WHAT COUNTRY
		Clerk at: Su	it Store	Cimberler	nd Mary Land	U. S. A.
	FATHER'S NAME	7-41-15 G V 1 D V	10 0010	14. MOTHER'S MAIDEN N		0. 0. 2.
	Jo	ohn T. Taylor		Mary Mon	rehead	
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT P. O. BOZ		umberland, Md
1.0.	NO		L-05-8068 A		nty Infirmary	
=		TH [Enter only one couse per lin		Tragami com	103 THE TIMELS	INTERVAL BETWEEN
		TH WAS CAUSED BY:	0 0 . 0.			ONSET AND DEATH
	25	IMMEDIATE CAUSE (0)	remat ap	Apley 9.		
	23	DUE TO 2) A	rteria SO	Charles .	degeneration	>
	Conditions, if or		- Theo we	chock of 1	references	2
	gove rise to in		A 77.7			
	lying couse lost.	the under-	cetaal del	incaling o	Seeule	
CATION	PART II. OTH	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition given in	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in F	ort I ar Part II of item 18.)	
SAL	20c. TIME OF INJUR	Y Month, Doy, Year 20d. IN	JURY OCCURRED 20e. PI	LACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State
MEDICAL	Hour o.m.	While	IAOL MULIE	octory, street, office bldg., etc.)	
*	p. m.	ot worl	c ot work			
	21. I certify tha	t (I) (this haspital) attend		7/26/61 19		19, that (1) (we) las
	saw the deceas	ed alive an 9/4/61	@ 7:38 A.	death accurred at	M, fram the causes and or	the date stated above
	220. SIGNATURE		~			22b.DATE
	Ni Paul	Marlein	43		ED. STAFF RECTOR PHYS.	9/5/61
	22c. PHYSICIAN'S NAME (Type)	Dr. Lee B. M	athews	22d. ADDRESS 49 Gree	ene St., Cumbe	rland, Md.
230	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town, or cou	unty) (Stote)
	REMOVAL (Specify) Burial		RoseHill Cem		Cumberland	Maryland
24.	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REGISTRAR	
	Ruth E. S	Silcox Cumbe	rland Maryl	and DATE \$	EP 8 '81 arth	in S. Thousa

VR A15 (4) 15M 9/59



1				MARY	LAND ST	ATE DEPARTA	AENT	OF HEALT	H—BAL	TIMORE, 1	8		
	1			9769	Toene	CERTIFIC	ATE	OF DEAT	Ή ""		Reg. Dist.	No. 09	758
I director filed with	(M)	1.	PLACE OF DEATH o. COUNTY	llegany		MARYLAND	2. US	STATE Ma	Where deceased ryland	6 COUNTY		rett	ion)
funeral fund be fi	Y	Г		(If autside carporate limi	ts, write c. t	LENGTH OF STAY IN 16	c.	CITY OR TOWN (II			JRAL and give	nearest town	1)
5 5 2	1		Æ	Rural Oldt		30 Days			1 Accid	ient		-	
by the	X		OR INSTITUTION	ate Home-Jo			d.	STREET ADDRESS		1	11-	e. IS RES ON A YES X	FARM?
filled in ges 1			NAME OF DECEASED (Type or print)	Alta Fir		Middle Rebecca	Sil	ber	4. DATE OF DEATH	Sept.	19,		1961
within tely fill Page:		5.	SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y	The second second second	-
plet.			Female	White	WIDOWED [Au	0,	1880	OL yrs.			Min.
and cam	death.	L	during most of wo	ON (Give kind of work rking life, even if retired Wife	done 10b. KINE	O OF BUSINESS OR IND	USTRY	W. Va.	te ar foreign co	untry)	USA	OF WHAT	COUNTRY?
e pe carba	offer	13.	FATHER'S NAME				14. A	NOTHER'S MAIDEN					
physicic pmave o	I) begg	-		B. F. Benr		lon lon			becca	Teter			
erint phy remo		(Ye	s. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		IAL SECURITY NO. 17.	INFORM.	Willis	947h	Addr	 Accide	nt. N	ra .
ath ce nding sase re	in 72	-	10 CAUSE OF DE	AVU [C. L. and and and	and line for	- (a) (b) - 1 (a) }	MIT.	MITITE	DITDE	1. 5			
ne death e attendir en please	at with			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	//	ferros c	les	oses	,		d	NTERVAL BE	DEATH
hat ∀th	**		121	DUE TO									
S PE	, no		Conditions, if a										
sign	,.E .To		cause (o), stoting lying cause last.	the under-									
physicia by been al-trans	aval, an	CATION		HER SIGNIFICANT CON		RIBUTING TO DEATH BU	T NOT RE	LATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(d	PERFO	AUTOPSY PRMED?
ending ficate h	or re	CERTIFIC	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING DEATH (MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	ED. (Enter	noture of injury i	n Part I or Port	II of item 1B.)			
al or att	ematian	MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	RY Manth, Day, Yes	While	Y OCCURRED 20e. 1 Not while at work	LACE OF actory, str	INJURY (Hame, for eet, affice bldg., e	rm, 20f. (City	ar tawn)	(Cau	nty)	(State)
Spit fer d fo	± 5		21. I certify t	hat attended the	deceased f	rom 11/29,		19.39_, to	9/19/	, 19_6	that I las	t saw the	deceased
S: A Sche	ourio		alive on	July 6	126	, and that deal	h accui	red at 7:	00A, A.	The causes a	nd an the	date state	ed above.
de de de	5		ACTUAL -	15	1/1/11	1111				reet, city or town,	state)	D	ATE SIGNED
DIRECT DE	prior /		SIGNATURE	12 6-1	1000		M.D	101 T	hird St	reet			
Z Og	stror			.E. Mance.	M.D.		·	Oakl:	and, Ma				
S P P P P P P P P P P P P P P P P P P P	reg	220	REMOVAL (Specify	ON, 226. DATE THEREC	_	. NAME OF CEMETERY				ION (City, town, a		(State	e)
O O O	Ē	22	Burial FUNERAL DIRECTOR	9/21/1	961	Flanagan ADDRESS	H111			d Creek	TRAR'S SIGNA		
VS A15 (4)	23.	11/0 and	1/2	ele Do	vis. W.Va	de.		EP 2 6 '6				
VS A15 (4 15M 9/55		1	N CONC	1.12/201	Tesa	ATD HAVE	•	DATE	Rate die O	" Liv	hur S. H	Laura	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 70 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where daceasad livad, If instituted Desides admission) 1. PLACE OF DEATH a. COUNTY y is necessary, director. Page or your files. b. COUNTY a. STATE ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) writa RURAL and give nearest town) Rural RAWLINGS) Cumberland 30 YEARS) Rural Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO If any de the further retain. NAME OF Firet Middle Last 4. DATE Dey Month Yeer 3 to the f DECEASED the (Type or print) DEATH EZRA 19 SEPTEMBER 30 Give Pages 1, 2, and 3 to orm PM3. Page 5 may be File pages 1 and 2 with the vent within 72 hours after 99 AGE (In years | IF UNDER 1 YEAR | 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Days Hours WIDOWED X DIVORCED 1866 MALE 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ROCKINGHAM CO VIRGINIA U. S. A. FARMER 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDRICK SMITH MARY DOVE event form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address permit. (Yes, no. or unkown) | (If yes give war or detes of service with RAWLINGS, MARYLAND NONE HERMAN SMITH 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ing" in pencil in Ite
or's Office along v
is a burial-transit p
removal, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Cardiac Failure Sudden IMMEDIATE CAUSE (e) DUF TO pluods Coronary Arteriosclerosis Conditions, if any, which d "pending"

Examiner's C geve rise to immediata causa DUE TO (a), stating the underlying 0 ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION should be urial, crematic PERFORMED? Medical Ex ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO I 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Y Inquiry death resulted from: Natural causes Y Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER A Sept. 30. 1961 EXAMINER'S Address (Street, city, town, or county) Cumberland, Md. NAME (Type) NAME (Type) Benedict Skitarelic, M.D. Addi 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) OH ₽40 p Hillcrest Burial Park Cumberland Maryland Burial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME. arthur & Keaus Ruth E. Silcox Cumberland Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

The second second THE SAME STATE OF THE SECOND STATE OF THE SECO men i. Silmon Connections carried in 275 11 Cont. A fine

FOR STATE HEALTH DEPT.

director. Page director. Page for your files. ate should be executed within 24 hours after death. If any delay liding" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundal of other of the Coffice along with form PM3. Page 5 may be retained for as a burial-transit permit. File pages 1 and 2 with the State Boar or removal, and in any event within 72 hours after death.

please excute the certificate, writing the word "pen	TO FUNERAL DIRECTOR: Page 3 should be used	or its designated agent, prior to burial, cremation,
VS. A1 SM 9	SME 60	(

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH		2 HOURT DESIDENT	CE (Where decessed lived, II	09760	0
a. COUNTY		a, STATE	b. COUN		nce before admission)
Allegany	MARYLAND	Mary.	land	Alleg	any
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outsida corporata limits, write	RURAL and give	neerest town)
Cumberland	Lifetime	02 . Cum	berland		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva street addrass)	d. STREET ADDRESS			. IS RESIDENCE
Brooks Hotel, Baltimore	Avenue	Baltim	ore Avenue		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey	Yeer
(Type or print) GEORGE	FRANCIS	SMITH	OF DEATH Sent	ember 16	19 61
S. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In yeers		
Male White WIDOWE		an. 26 , 189	last birthdey) 70 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Ki	ND OF BUSINESS OR INDUSTRY			1 12. CITIZEN C	OF WHAT COUNTRY
done during most of working life, even if retired) Jan itor B	& O RR	Carlos, Man	mrland	USA	
13. FATHER'S NAME	. y 140	14. MOTHER'S MAIDEN		1	
John Smith		Margare	t Witfield		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address		
Yes WW 1	7-10-5574	Tahn F Cm++1	h Cambon Tond	No result or	٦
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a). (b) and (c) 1	COUNT R. STITT OF	h, Cumberland,		TERVAL BETWEEN
	CORONAR	V Mari	USION	Ol	SET AND DEATH
1100	CONCIVA	y Occi	USION		udden
4201/ DUE TO	C	Solere	* **		4600
Conditions, if any, which gave rise to immediate causa	Coronava	y seceste	22/7		
(a), steting the underlying DUE TO				T SE S	
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
CAL				W ()	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIP	BE HOW INJURY OCCURED. (E	nler nature of Injury in Part	I or Part II of ilem 18.)		
3 20c. TIME OF INJURY Month, Day, Yeer 20d. II		CE OF INJURY (Homa, farm,		(County)	(State)
20c. TIME OF INJURY Month, Day, Yeer 20d. II Hour a.m. While	THE PARTY OF THE P	ry, street, office bldg., etc.)			(-2.2.2)
21. I certify that I took charge of the remaining		d an Autonsy	Inspection X, Inquir	. 101	! !-!
death resulted from: Natural causes X,	Accident , Suicident , Suicide				in my opinion
dealit resulted from: Tradulal causes	Accident [], Suich		Undetermined m	anner	
ACTUAL S	59 - 11	CHIEF MEDICAL E			
SIGNATURE PROCESS	i Kulabelic	M.D.	CAL EXAMINER	1	DATE SIGNED
examiner's name (Type) Benedict Skitar	elic	DEPUTY MEDICAL Address (Streat, ci	ity, town, or county)		9/16/61
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	or country)	(Stete)
Burial 6/19/61	St. Michael's	Cemetery	Frostburg, Ma	ryland	
23. FUNERAL DIRECTOR	ADDRESS	24a. REG	REGERACE 246. REGH	STRAR'S SIGNAT	ORE
John J. Hafer, Cumberland	. Maryland	DATE			
	, , ,	T DATE	SEP 2 0 '61	7	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. A may be retained by the hospital or attending physician.

TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, rages 1 and 2 should the State Dept. of Health prior to burial, cremation, or removal, and in-any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

AOMC4

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived of a religion religion religion)
Allegany	a. STATE Md. Allegany
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Frostburg	Wihlman, R. D. Frosthung
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS IS RESIDENCE
East College Avenue	R.D. #2. YES □ NO ▼
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print)	teele DEATH 9 24 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	8-20-1962 lest birthday) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Shipping Clerk Kelly Springfiel	d U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Steele	Hannah Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give warpr deles of service)	
	rs. Vivian Bowden, 40 Wright St.
18. CAUSE OF DEATH [Enter only one course for (e) (b), end (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Jenoerkace suiden
331× DUE TO 1/ 1	0.4
Conditions, if any, which (b) Aypersen	seon Jones Par
geve rise to immediate cause	
(a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PERFORMED?
208. ACCIDENT WAS UNDERLYING TI 206. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in Pert I or Pert II of item 1B.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIB	
0	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ectory, street, office bldg., etc.)
Hour a.m. P.m. While Not While et work et work	
21. I certify that (I) (this hospital) attended the deceased from	1959 19 to Sept 9 1861., that (I) (we) last
	at death occured 6
22e. SIGNATURE ()	22b. DATE
Mont Lane	M.D. ATTENDING MED. STAFF PHYS. MED. STAFF PHYS.
22c. PHYSICIAN'S	22d. ADDRESS Af
NAME (Type) WO MC Lane M&	Frostreng 111g.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOGATION (City, town o county) (Stete)
Burial 9/27/61 Frostburg M	emorial Pont Frostburg Md.
24 FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Hor	256. RECT BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Bulah H. Minlesmy E. Main, Frost	
No 10 marris 1000	

1975 The state of the s In a little state of the state THE CHARLES STEED THE SHALL BE A 4 . . . times . Tamol Els-D/-Quy Brs. Vivian doscen, 40 Sriet Es. The colored Home winder to bethe state of the state of 400 MICTANCE ME FESTER DE was a real from the second and the s

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MEDICAL CERTIFICATION

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MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICAT	EPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1E OF DEATH 19762
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
ALLEGANY	a. STATE MARYLAND b. COUNTY ALLEGANY
c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) CUMBERLAND
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
MEMORIAL HOSPITAL	508 GREENE STREET
NAME OF First Middle	Last 4. DATE September Day Year 961
Type or print) HENRY John STI	EPHENS DEATH SOCOSTSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
V 4464	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE COLORED WIDOWED X DIVORCED	SEPT 19. 1880 lest birthday) Months Days Hours Min.
USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
RETIRED Fireman, Domest	ic VIRGINIA, Harrisonburg U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAVID STEPHENS	SOPHIA MADDEN
WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. No. or unkown) (Ifyesgivewarordatesofservice)	INFORMANT EMORIAL HOSPITAL - CUMBERLAND, MARYLAND
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
3 DUE TO	INPARCTION, MASSIVE ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying	
causa last. (c) At tento Sci	lerosis, general 3 955
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18,)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) story, street, office bldg., etc.)
21 cortify that (I) (this hospital) attended the deceased from	t death occurred al. M.D.N.G.HT causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF PHYS. 7/2/6/ SIGNED
22c. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN	59 GREENE STREET, CUMBERLAND, MD.
Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 9/3/61 Rose Hill	Gemetery Cumberland, Maryland
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland	DATE SEP 5 '61 Cuthing & Knows

Sart YIMODIJI YAC 1 INCOLUL HOSPITHE de des establishment de la company Yarar WALE COLORED SERT. 19, 1870 FOR Times, Ecostic VIPOLMIA, Territoria. S.A. 11,91739 SCENTINGADUE DAVID STEEDERS E ANGLIAN HOS LIVE - NATL SOM IVIDAL AND SOME THE STATE OF THE SERVER STATE STATE OF THE SERVER TO CPIE STRUET, TURE, PLAND, D. Dr. S. G. WE'SHEN THE PARTY OF THE STATE OF THE S John J. Haffer, Combredand, Larghard, State S at 2 Miles

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH OOMOO

NY IVE NEAREST TOWN) ON A FARM? YES NO YES NO YES NO HOUSE AND DEATH AR IF UNDER 24 HRS. HOURS MIN. N OF WHAT COUNTRY? S. A. INTERVAL BETWEEN ONSET AND DEATH
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a. COUNTY ALLEGANY		MARYLAND	a. STATE MARY!		ALLEGAN	Y V
b. CITY OR TOWN (if outside co	prporata limits,	c. LENGTH OF STAY IN 1		(If outside corporate limits,	writa RURAL and giva	nearest town)
write RURAL and give neere:	st town)	16 DAYS	Q) CLIMBE	RLAND		
d. NAME OF HOSPITAL OR INS	TITUTION (if not in hos		d. STREET ADDRESS			a. IS RESIDEN
MEMORIAL HOSP	ITAI		1 519 1	ENDERSON AVE	MIF	YES NO
NAME OF	First	Middla	Last	4. DATE	Month Day	
(Typa or print)	CHARLES	ANTHONY	TRAPP	OF DEATH	SEPTEMBER 2	1 19 61
5. SEX 6. COLOI		D X NEVER ARRIED	B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEAR	
MALE WHI	TE WIDOWE		11-15-1896	64 3	Months Days	Hours Min
Da. USUAL OCCUPATION (Giva I		IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	6	intry) 12. CITIZEN C	OF WHAT COUNT
done during most of working lifa, a cetate Engine		lanese Cor	p.Allega Ty	ITAN MARYLAN	un II.	S. A.
3. FATHER'S NAME	cring oc	lanese col	14. MOTHER'S MAIDEN		10	0. n.
WILLIAM TRAP	P		MARY T	GHE		
S. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Ac	idrass	
Yas, no, or unkown) (Ifyesgivewa	rordatas of sarvice)	7 00 2200	MEMORIAL HOS	DITAL - CHA	SECLAND MO	
Yes W. W.		[7-09-3289]	MEMORIAL HOS	SFITAL - COM		TERVAL BETWEEN
PART I. DEATH WAS CA	LICTO BY	0 0 0	4.4.	16		NSET AND DEATH
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gava rise to Immediata causa (a), stating the underlying causa last.	(b)	Henosile	rosis, 9E	rueral		
gava rise to Immediate cause (a), stating the underlying cause last.	(b)	Henosile	/	rueral	N GIVEN IN PART 1(a)	
gava rise to Immediate cause (a), stating the underlying cause last.	(b)	Henosile	rosis, 9E	rueral	N GIVEN IN PART 1(a)	
gave rise to Immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICATION OF THE CAUSE CA	(b) DUE TO (c) ANT CONDITIONS CON Alig Full YING 20b. DES	NTRIBUTING TO DEATH BUT Berulozis	rosis, 9E	inal disease condition	100	PERFORMED
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gava rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICA De. ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Mon Hour a.m. p.m. 21. I certify that (I) (t) saw the deceased affive 22c. PHYSICIAN'S NAME (Type) 13a. BURIAL, CREMATION, REMOVAL (Specify) 14 FUNERAL DIRECTOR'S SIGNAT	(b) DUE TO (c) ANT CONDITIONS CON MARY FUN YING 20b. DES OF DEATH EXAMINER 19 20b. DES While 19 20b. DES While 19 20b. DES While 19 20b. DES While 20b. DES Whil	NTRIBUTING TO DEATH BUT SECULOZE: CRIBE HOW INJURY OCCU INJURY OCCURRED 2De. 1 Shot While	NOT RELATED TO THE TERM RED. (Enter neture of injury in PLACE OF INJURY (Home, fer fectory, streat, office bidg., at m	Part I or Part II of itam 18 m, 2Df. (City or town) 1911 Atom	(County) (County) (Sees and on the county) CUMBERLAN (CUMBERLAN (Cumberla	(State that (1) (we) date stated ab 22b. DA (State) (State)

MARYLAND STATE DEPARTMENT OF HEALTH

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death. 4 may be retained by the hospital or attending physician. 2 and complete the din by the funeral solutions and complete the defacted by the attending physician and complete the defacted for use as the burial-transit permit. Then please remove carbon papers, sages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9776

CERTIFICATE OF DEATH

3115	CERTIFICATE	OF DEATH	Ω	1765
1. PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution:	Rasidanca befora admission)
Allegany	MARYLAND	a. STATE	b. COUNTY	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (VI vania Poulside corporata limits, writa RURAL ar	nd giva nearast town)
Cumberland	1 day	Hyndman		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hose Sacred Heart Hospital	pital, give streat addfess)	d. STREET ADDRESS	75x	a. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First	Middle	Lest	4. DATE Month	Dey Yaar
DECEASED (Typa or print)	mt.	FY1 •	OF DEATH	10
5. SEX 6. COLOR OR RACE 7 MARRIES	Thomas	Twigg	September 9. AGE (In years IF UNDER	1 YEAR JE UNDER 24 HRS.
7. MARKIEL	THE VER MARKED		last birthday) Months	Days Hours Min.
male White WIDOWE	hard hard	6-15-82	78 yrs.	717711 05 11/11/47 00:11/17/17
dona during most of working lifa, aven if ratired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	ry & State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
Bal	timore & Ohio I	R. Mary	land	
13. FATHER'S NAME	N. P. BROWN TO	14. MOTHER'S MAIDER	NAME	
Moses Twigg		Lizzi	e Bender	
	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	220-10-4516	chart		
18. CAUSE OF DEATH [Enter only one causa per li		CHart		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	Mangeton:	Then bain		ONSET AND DEATH
IMMEDIATE CAUSE (a)	- rumina	Nishell vies		11 nours
DUE TO				
Conditions, if any, which (b)				
(a), stating the undarlying DUE TO				
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAR	TT 1(a) 19. WAS AUTOPSY PERFORMED?
E Chrone Origin Selecte Con	to Made disso	re weth myotax	we insufficiency, sul	VES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON CHARLE OUT IN THE SIGNIFICANT CONDITIONS CON CONTROL OUT IN THE SIGNIFICANT CONDITIONS CON OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter netura a injury in F	Part I or Part #5f item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	.: 20f. (City or town) (Co	unty) (Stala)
Hour a.m. Whila	Not While facto	ry, streat, office bldg., atc.		,
p.m. 19 ef work	at work	001/00		
21. I certify that (I) (this hospital) attend			196/ to 34 29	
saw the deceased alive on	Fore 196 and that	death occured at	M. from the causes and on	the date stated above
220. SIGNATURE Johnel Toppe	200	ATTENDING	ED. STAFF	22b. DATE SIGNED
22c, PHYSICIAN'S Defeat 1 7	M.I	22d, ADDRESS	THIS.	
NAME (Type) John. Topper	e press		Hyndman, Pa.	
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, lown or coun	ty) (State)
Burial Oct.2,196	1 Madley Cem		Buffalo Mills	
24 FONERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR'S	
Jawly a religion	Hyndman, P	a. DATE OC	13 '61 arthur S.	Thurs

1) Cottseto A borgania de dia tat coma del 8181-01-089 The state of the s Assist house Larried Cop. s, 1901 Madley Cometory Bellele Lille, Pt. N. S. DEWINSON DE STANDARD, Pa.

RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) within 24 HR. 22 MIN. ECKHART MINES CUMBERLAND d. NAME OF HOSPITAL OF INSTITUTION AND VE'S street eddress) d. STREET ADDRESS MEMORIAL HOSPITAL executed NAME OF First 4. DATE Month DECEASED OF VIZZA (Type or print) BABY GIRL DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdey) FEMALE WIDOWED I DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) ó done during most of working life, even if retired physic CUMBERLAND, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= attending and RUDOLPH VIZZA CATHERINE M. DURKIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) MEMORIAL the 18. CAUSE OF DEATH [Enter only one rause per or (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE Conditions, if eny, which geva rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate CERTIFICATION as 0 esn prior 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH P After this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m DIRECTOR: 22e. SIGNATOR MED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed FUN 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) HOSPITAL OL VR A15 (4) SEP 2 8 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS

e. IS RESIDENCE

YES NO

ON A FARM?

ALLEGANY

1961 UNDER 1 YEAR | IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? U. S. A. HOSPITAL - CUMBERLAND. M. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO T (County) (Stete) 22b. DATE SIGNED 123 BEDFORD ST., CUMBERLAND, MD. (State) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

RESERVE TO SELLAR.

23/14 THAT . 1458 . 44 1 CASPAGE

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CUMBERLAND, NO. U. S. A.

MINERAL M. MIRENIA

TENCETAL HOSPITAL - CLASSICALIA . TO.

5:50 8:01

PRO F. D. NEITWORTH 123 SAUKORD ST., KUNGGRUAND, 10.

CARMITER THE WITHOUT MEMBERS HOUSE CHARLESTER COMMENSAGE MINISTER

Mangelal Trapette Court Hed 30 20 1 20 1 1

TO HOSPITEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part and the relative by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely do in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH	i .				institution Kestdehee Before edmission)
e. COOM11	ALLEGANY	MARYLAND	e. STATE	ARYLAND b. COUN	ALLEGANY
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 1b			e RURAL end give neerest town)
	give neerest town)				
	CUMBERLAND	8 Years	ROUTE 5,	CUMBERLAND	
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in ho	spital, give straet address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
					YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Dey Yeer
(Type or print)	NELLIE	М.	WADE	DEATH SEPT	25TH 19 67
5. SEX	6. COLOR OR RACE 7. MARRI		DATE OF BIRTH		I IF UNDER 1 YEAR IP UNDER 24 HRS.
				last birthdey)	Months Deys Hours Min.
FEMALE	WHITE WIDOW		UG.10TH,18		
	TON (Giva kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEW		HOUSEWORK	MARYLAI	ND CIV	USA
13. FATHER'S NAME	ZZZ OWI	TIOODIMOILL	14. MOTHER'S MAIDEN		VOA
ATEVAN	ארשים דעיעבא מייע	T	MADTID	A HOMM	
	DER MIDDLETON		MATILD	A DUIT Address	Cumberland,
	If yes give wer or detes of service)				
			s.Matilda	Horton, Route	
	DEATH [Enter only one cause per	line for (a), (b), and (c).]	1/2		ONSET AND TEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	rekral B	emass 1	LATO	12 1044
731	X DUE TO //	,		7	Seadal
201,	/Va	shortons	0 1		110010
Conditions, if any		They show			years
(e), stating the u	DITE TO				
causa lest.) (c)				
Z PART II. OTHER	R SIGNIFICANT CONDITIONS CO	ATRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY
Ĕ	1	aketo			PERFORMED YES NO DE
O ACCIDENT W	AS HAIDERI VINIC II I 201 DE	SCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part Lor Part II of item 18)	
OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	, (Lines heldle of mjary n	Trent to trent it of help to.;	
	MEDICAL EXAMINER)				
20c. TIME OF INJU			CE OF INJURY (Home, fer lory, street, office bldg., et		(County) (State)
20c. TIME OF INJU	Whit	16 110) 11 1110	ory, ander, omice brogs, o.		
	12		1050	10 150 ht 3	25 100 that (1) (wa) las
	that (I) (this hospital) atter	nded the deceased from	1.3	16P	
saw the decease	sed alive on Definition	196, and that	death occurred a	IUI.M, from The causes	and on the date stated above
220. SIGNATURE	Anna H		ATTENDING	MED. STAFF	22b. DATE SIGNED
101	IlleLar	re- M	.D. PHYS.	DIRECTOR PHYS.	294 27 1961
22c. PHYSICIAN'S			22d. ADDRESS		
NAME (Type	W. O. McLANE	Ξ,	" 167 E	MAIN ST., FF	ROSTBURG, MD.
230 RURIAL CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (Stete)
REMOVAL (Specify	9-28-61	F'BG.MEMORI		FROSTBURG	
BURIAL				1	<u> </u>
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25e, R	EC'D BY REGISTRAR 25b. RE	EGISTRAR'S SIGNATURE
2.11.	aust	FROSTBURG, M	D. DATE	SEP 2 9 '61	arthur & House

Sittle. nounce 5, our number of a years of 87 28 5, 2 comes TO GREET, HEDE, OUTS IN THE STEEL OF or bit it same Horton Route 5, 14. STATE OF THE STATE The state of the state of 一位 人士 人工 美国 ALL DESCRIPTIONS, TO REAL TOTAL DEDITIECHT PARK INTHONE DAY CONTROL PARKE A THE COURT TO STATE AND A STATE OF THE COURT OF THE COUR

with the State hours after death, TO DEP: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please exacte the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the ful 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stat or its designated agent, prior to burial, cremation, or removal, and in any event within 77 frout after death 5 may be retain

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 377 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH Division of

•	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution	id Sifore edmission)
	Allegany Marylan	a. STATE Maryland b. COUNTY A7	700000
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN		Llegany give nearest town)
	write RURAL end give nearest town) Cumberland 2 Days	Y	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	Rt.#1, Cumberland	I e. IS RESIDENCE
0	Sacred Heart Hospital	/ Locust Grove	ON A FARM? YES NO X
7	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) JAMES ARTHUR	WHITMAN DEATH Sept.	9. 19 61
١	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
V	Male White WIDOWED DIVORCED	I to a tital to a	eys Hours Min.
4	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY?
	Truck Driver Harris Motor Exp	Cumberland, Maryland	TT C A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
١	James Reed Whitman	Edith Frost	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 12	. INFORMANT Address	
	(Yas, no, or unkown) (If yes give war or datas of servica)		A ROLL OF THE REAL PROPERTY.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	rs. James Whitman, Rt. #1, Cumb. M	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ST: SHOCK	ONSET AND DEATH
		or; oncon	3-4 Min.
4	DUE TO DUE TO MACAT SYNCON	OF.	
ı	Conditions, if eny, which gave rise to immediate cause	The state of the s	ft
	DILL TO	SURGERY FOR PEPTIC ULCER	
1	Cause last. (c)		
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
1	Z Z		YES NO 4
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.). (Entar neture of Injury in Part I or Part II of item 18.)	
1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (Count	ry) (Stata)
1	Hour a.m. While Not While	factory, street, office bldg., atc.)	(3.0.0)
	21. I certify that I took charge of the remains described above,	held an Autopsy X, Inspection X, Inquiry X,	and in my opinion
		uicide , Homicide , Undetermined manner	und in my opinion
		CHIEF MEDICAL EXAMINER	
4	SIGNATURE Sene chet Skitarel		Dame diame
1	SIGNATURE SELLECT XIRLIAND		DATE SIGNED
1	EXAMINER'S BENEDICT SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER (SEPT. 9, 1	961
-1	22e. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	Address (Street, city, town, or county) Cumberland OR CREMATORY 22d. LOCATION (City, town, or country)	, Mary Land
	Burial 9/11/61 Zion Memoria		
1	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
	John J. Hafer, Cumberland, Maryland	DANSEP 1 3 '61 arthur & the	-114
-		A. 199	

Institute and the contract of The part the dance of the services John C. Harter, commerciant, barrylands, cor of all the land

VS. A15ME

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DEP! MEDICAL EXAMINER; This certificate should be executed within 24 hours after death. If any delay is necessary,	lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fu	should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Harlih,	r its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9780 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH	Item 9 Fi	lm 0295 9/	18/61 wink	E (Where decreed lived if it	netitu 9769	
D. CITY OR TOWN; If outside corporate limits, c. CETY OR TOWN III outside corporate limits, write RURAl and give meansal fown) CINEDEPLAND d. NAME OF HOWITIAL OR MISTILUTION (if not in hospital, give afreet address) J. NAME OF DECRAFED	1. PLACE OF DEATH o. COUNTY THE ANY	a. STATE	b. COUNT	rV		
CUMBERLAND CHART LAND CHART LAND CHART AND PISSON COURT NO. CHART AND PISSON COUNTY COURT Conditions of the metals Court Conditions County						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give direct address) SAPED HEATH HOSPITAL 1223 GLENN STREET NAME OF HOSPITAL 123 GLENN STREET NAME OF HOSPITAL 14. DATE PRATTH SEPTEMBER 12. 19 61 S. SEK O. COLOR OR RACE 7, MARRID INVER MARRID DIVORCED				KUKAL and give nearast town)		
SACRED HEATH HOSPITAL 223 GLENN STREET SON AFARM PROCESSED (Type or print) JAMES OF DECEASED (Type or print) JAMES OF DECEASED (Type or print) JAMES OF DECEASED (Type or print) JAMES NELSON WILLISON MELSON WILLISON MELSON WILLISON PART HOSPITAL SOLO OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH DOWN ON OR HORP OF WARRIED 12. CHIZEN OF WILLISON MONTHS DRAY HOUR WARRIED 12. CHIZEN OF WILLISON MONTHS DRAY HOUR WARRIED 12. CHIZEN OF WHAT COUNTRY MONTHS MARRIED 13. ARMS FORCES) 14. MOTHES MAIDIN NAME 15. WAS DICEASID INTER IN U.S. ARMS FORCES) 16. SOCIAL SECURITY NO. 17. INFORMANT ROSE CHANEY Address CHART AND PT'S SON INTERVALENCE CANDITION GIVEN IN PART IN INTERVALENCE CONDITION GIVEN IN PART IN INTERVALENCE				D	I - IS DESIDENCE	
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DECARSE (Type or print) (Type						
S. SEX G. COLOR OR MARKED NEVER MARKED NEVER MARKED S. DATE OF BIRTH 9, AGE [In year; It MODER YEAR HONER 24 HIS.		Middle	Last		Dey Year	
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DIVORCEDED DIVORCEDED 19.00 12. CITIZEN OF WHAT COUNTRY 10. BITCHEAST 10. BITCHEAST 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BITCHEAST 14. MOTHER'S MARKE 14.	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH			
10. ISSAL OCCUPATION Give kind of work done during most of working like, were it relieful ATTO SALESMAN 13. FATHER'S NAME 14. MOTHER'S MARIDEN NAME 15. WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. WAS DECEASED EVER IN U.S., ARMED FORCES? 18. WAS DECEASED EVER IN U.S., ARMED FORCES? 19. WAS DECEASED EVER IN U.S., ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 10. Address CHAPT AND PT'S SON 11. MOTHER'S MARIDEN NAME 12. CHIZEN OF WHAT COUNTRY U.S. 13. FATHER'S NAME 14. MOTHER'S MARIDEN NAME ROSE CHANEY Address (16.) AND PT'S SON INTERVAL BETWEEN ONSET AND DEATH SET ON THE STATE OF THE STA	TWITTING WILLIAM TO	DIVORCEDXX	T006 A 6	EE HII	Months Days Hours Min.	
ANTO SALESIAN Gratton Ford Co. MARYLAND U.S. 13. FAITHER'S NAME NOSES WILLISON 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (10s., no., or unknwn) [Utysespivewaerordelesofservice] 16. SOCIAL SECURITY NO. 17. INFORMANT Address CHART AND PT'S SON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY. COnditions, if eny, which give rise to immediate cause (e), teling the underlying cause leath. Conditions, which give rise to immediate cause (e), teling the underlying cause leath. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED. YES IN NO. [Country of the contribution of the con	10e. USUAL OCCUPATION (Give kind of work 10b. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE State	foreign country)	12. CITIZEN OF WHAT COUNTRY	
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NO 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b). end (c).] 19. CAUSE OF DEATH [Enter only one cause per line for (a). (b). end (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a). (b). end (c).] 19. CAUSE OF DEATH (Enter only one cause per line for (a). (b). end (c).] 19. CAUSE OF DEATH (Enter only one cause lead.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI.	AL SECURITY NO. 17. I	NFORMANT	Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (c) CEREBRAL HEMORRHAGE 30 Min HYPERTENSION; ARTERIOSCLOROSIS DUE TO Conditions, if any, which gave rise to immediate cause (a), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 21. I certify that I look charge of the remains described above, held an Autopsy 21. Inspection 19. Inquiry and and in my opinion death resulted from: Natural causes 22. Accident 19. Suicide 19. Homicide 19. Undetermined manner 19. ACTUAL SIGNATURE SERVED TO SKITARE SIGNATURE 22s. BURAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Giv, town, or country) (Slete) PUT 10. 19. ADDRESS 22d. LOCATION (Giv, town, or country) (Slete) 22s. BURAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Giv, town, or country) (Slete) 22s. BURAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Giv, town, or country) (Slete) 22s. BURAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	(Yas, no, or unkown) (Ifyasgivewarordatasofsarvice)		CULATION ANTO DE	IS SOM		
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the vificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your formation, or the DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registration.
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uneral director. Page	egistra or ta burial
ve Pages 1, 2, and 3 to the fu	File pages 1 and 2 with the r
difficate should be executed within 24 haurs after death. If any delay is necessary, please executions in the tendency in percent in the tendency director. Page 4 should be a Office along with form PMA. Page 4, and the Americal director.	used as a burial-transit permit.

VS. A15ME(5)	
5M 9/55	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
9781 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
1. P	LACE OF DEATH				2. USUAL RESIDENCE (Where deceas	ed lived. If Institu	tion: Resident	e befere ad	mission)
0	ALLE	GANY		MARYLAND	O. STATE MARY	LAND	b. COUNT	Y ALLI	EGANY	
Ь.	CITY OR TOWN (If ond give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orote limits, write	RURAL ond	give nearest	lown)
	Cumberl			Lifetime	Cumbe	rland				
d.	NAME OF HOSPITA	L OR INSTITUTION (II	not in hos	pitol, give street address)	d. STREET ADDRESS			=		RESIDENCE N A FARM?
	918 Gle	nnwood Stre	et		918 G	lennwoo	od Stree	t		□ NO 🕞
3. N	IAME OF DECEASED	First		Middle	Last	4. DATE OF	Mont	h	Day	Year
	Type or print)	MARICN			YOUNG	DEATH	Septem	per 28.	19 61	
5. SI	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years last birthday)			IDER 24 HRS.
1	Female	Colored	WIDOWED	DIVORCED	Jan. 8, 1896		65 yrs.	Months D	ays Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of work d	one 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Store	or foreign co	ountry)	12. CITIZI	EN OF WHA	T COUNTRY?
	ousewife			Cvm Home	Cumberl	and, Ma	aryland		USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	John Do				Anna	Taper				
15. '(Yes.	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wer or dates of se	CES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
	No		I	Tone	Mrs. Eliza	Payne,	918 Gler	nwood,	Cumb	. , Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: GORONARY OCCLUSION						SUDDET		
	420.1	420./ DUE TO							330	
	Conditions, if on			CORONARY SCLEROSIS						te opin Date
	gove rise to immedi (o), stoting the u								- /	
Į.	couse fost.) (c)_								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \subseteq \text{Y}								ORMED?	
CERTIFI	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.									
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Year			E OF INJURY (Home, formany, street, office bldg., etc.		or town)	(Coun	ly)	(Stote)
MEC	Hour o.m.	19	While of wor	Not while tactor	ry, sirect, office biog., erc					
	21. I certify the	at I taak charge	af the r	emains described abay	e, held an Autop	sy 🔲, In	spection M,	Inquiry	X, and	find that
	death resulted	from: Natural c	auses 🛛	Accident [], Suic	ide [], Homicide	e 🔲, Ur	determined o	ause [].		
ACTUAL Benedict Skitarelind, CHIEF MEDICAL EXAMINER [] DATE SIGN										
						SIGNED				
	EXAMINER'S				ASSISTANT MEDIC	CAL EXAMINE				
	NAME (Type)	BENEDICT SI	CITAR	EIIC. M.D.	DEPUTY MEDICAL	EXAMINER D	SEPT.	28.	7 961	

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

(Stote) Cumberland, Maryland

Durial 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)

Woodlaum Cemetery John J. Hafer, Cumberland, Maryland

24a. REC'D BY REGISTRAR DATE OCT 3

24b. REGISTRAR'S SIGNATURE arthur S. Krous

Example 1 - Ethical of Calabatan 1977 State of State of elimination of the state of the